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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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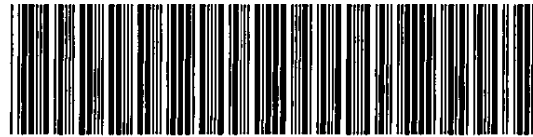
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Tom Wilson Counseling Centers, Incorporated
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Thomas A. Wilson

(Name of Person)

Tom Wilson Counseling Centers, Inc.

(Firm/Company)

514 So. Orchard, Suite 101

(Address)

Boise, Idaho 83705

(City/State and Zip code)

For further information concerning this matter, please call:

Thomas A. Wilson

(Name of Person)

at (208) 368-9909

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☒ \$87.50 Filing Fee,
- Certificate of Status - - Certified Copy - - Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Tom Wilson Counseling Centers, Incorporated

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Idaho

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 07-08-1996

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1203 Governors Square Blvd., Suite 101, Tallahassee, FL 32301

(Principal office address)

514 So. Orchard St., Suite 101, Boise, Idaho 83705

(Current mailing address)

8. Internet-based Traffic Safety and Substance Abuse Education

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Business Filings Incorporated**

Office Address: **1203 Governors Square Blvd., Suite 101**

Tallahassee

(City)

Florida 32301-2960

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

**Alicia De Barreto - Asst Secretary for
Business Filings Incorporated**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Thomas A. Wilson

Address: 5124 So. Orchard St., Suite 101
Boise, Idaho 83705

Vice Chairman: Same as above

Address: _____

Director: Same as above

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Thomas A. Wilson

Address: 514 So. Orchard, Suite 101
Boise, Idaho 83705

Vice President: Same as above

Address: _____

Secretary: Same as above

Address: _____

Treasurer: Same as above

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Thomas A. Wilson

(Signature of Director or Officer listed in number 12 of the application)

14. Thomas A. Wilson, President

(Typed or printed name and capacity of person signing application)

State of Idaho

Office of the Secretary of State

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**CERTIFICATE OF EXISTENCE
OF
TOM WILSON COUNSELING CENTERS, INCORPORATED**

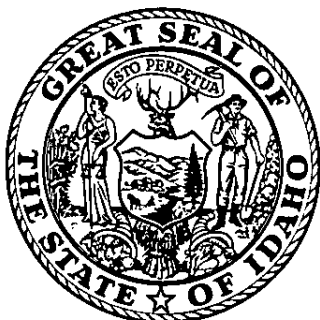
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I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the record of this office show that the above-named corporation was incorporated under the laws of Idaho on 8 July 1996.

I FURTHER CERTIFY That the corporation is in goodstanding on the records of this office.

Dated: 19 May 2006



Ben Yursa

SECRETARY OF STATE

By *Supette Holloway*