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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ADVANCED LEARNING INSTITUTE, INC.

(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:

JOSE F. PEDREIRA

(Name of Person)

ADVANCED LEARNING INSTITUTE, INC.

(Firm/Company)

PO BOX 546916

(Address)

SURFSIDE, FL 33154

(City/State and Zip code)

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For further information concerning this matter, please call:

JOSE F. PEDREIRA at ( 305 ) 867-6141 ext 12

(Name of Person)

(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 &  
Certificate of Status

☒ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
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. **ADVANCED LEARNING INSTITUTE, INC.**

(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. **DISTRICT OF COLUMBIA**

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

3. **20-5233531**

(FEI number, if applicable)

4. **JULY 10TH, 2006**

(Date of incorporation)

5. **PERPETUAL**

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

6. \_\_\_\_\_

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

7. **9441 HARDING AVENUE SURFSIDE, FLORIDA 33154**

(Principal office address)

**PO BOX 546916 SURFSIDE, FL 33154**

(Current mailing address)

8. **Advanced Online Learning**

(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: **Jose F. Pedreira**

Office Address: **9441 Harding Avenue**

**Surfside**

(City)

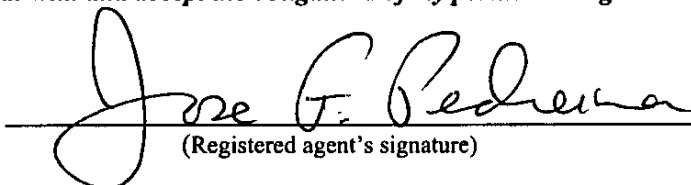
**33154**

(Zip code)

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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)

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.

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

**A. DIRECTORS**

Chairman: Isaac Maizes

Address: 9441 Harding Avenue  
Surfside, FL 33154

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Jose F. Pedreira

Address: 9441 Harding Avenue  
Surfside, FL 33154

Director: Jude R. Lherisson

Address: 9441 Harding Avenue  
Surfside, FL 33154

**B. OFFICERS**

President: Isaac Maizes

Address: 9441 Harding Avenue  
Surfside, FL 33154

Vice President: Jude R. Lherisson

Address: 9441 Harding Avenue  
Surfside, FL 33154

Secretary: Jose F. Pedreira

Address: 9441 Harding Avenue

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. \_\_\_\_\_

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

14. JOSE F. PEDREIRA - Secretary

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

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GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



C E R T I F I C A T E

**THIS IS TO CERTIFY** that all applicable provisions of the District of Columbia Business Corporation Act have been complied with and accordingly, this **CERTIFICATE OF INCORPORATION** is hereby issued to:

**ADVANCED LEARNING INSTITUTE, INC.**

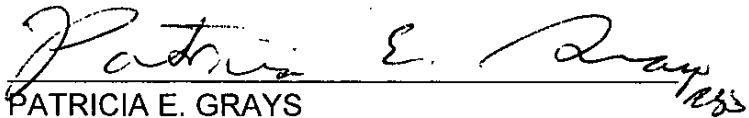
**IN WITNESS WHEREOF I** have hereunto set my hand and caused the seal of this office to be affixed as of the **10th** day of **July**, **2006**.

PATRICK J. CANAVAN, PSY.  
Director

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TALLAHASSEE, FLORIDA

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Business and Professional Licensing Administration

  
PATRICIA E. GRAYS

Superintendent of Corporations  
Corporations Division