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SECRETARY OF STATE OF STATE OF STATE OF CORPORATIONS

\$ 5/02/07

COVER LETTER

Division of Corporations
SUBJECT: AMERICAN EDUCATIONAL ASSISTANCE CORPORATION (Name of Corporation – must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
MARIE GAZDA (Name of Person)
AMERICAN EDUCATIONAL ASSISTANCE CORPORATION (Firm/Company)
13313 US HWY 19 (Address) 18 OTHAY 19 (Address) 18
HUDSON, FL 34667 (City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
MIKE GAZDA at (727) 389 - 5463 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy



RECEIVED

07 MAY 18 PM 2: 03

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2007

MARIE GAZDA 13313 US HIGHWAY 19 HUDSON, FL 34667

SUBJECT: AMERICAN EDUCATIONAL ASSISTANCE CORPORATION Ref. Number: W07000022358

We have received your document for AMERICAN EDUCATIONAL ASSISTANCE CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return the original and one copy of your document, along with a copy of the copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden **Document Specialist** New Filing Section

Letter Number: 807A00032434

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

l. (Nar impo in th	AMERICAN EDUCATIONAL ASSISTANCE CORP me of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations ort in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	S of like	ATIO/ e led
2. <u>(</u> S	NEVADA State or country under the law of which it is incorporated) 3. D2-0606258 (FEI number, if applicable)		-
4	(Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpe	tual")	_
6. (Da	ate first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penal	ty liabi	llity.)
7	13313 US HWY 19, HUDSON, FL 34667 (Principal office address)		-
	POB 5770, HUDSON, FL 34674 (Current mailing address)		_
8. (Pur	RAISE MONEY FOR SCHOLARSHIPS rpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)		<u>-</u> <u>-</u>
-	me and street address of Florida registered agent: (P.O. Box NOT acceptable)	07 HA	SECRE VISION
	Name: MARIE GAZDA	8	TARY OF CO
Office	e Address:	AH 8:	D OF STA RPORA
	HUDSON Florida 34667 (Zip Code)	8: 50	FILED ARY OF STATE F CORPORATIONS
Havir design	Registered agent's acceptance: ng been named as registered agent and to accept service of process for the above stated corporation nated in this application, I hereby accept the appointment as registered agent and agree to act in thi er agree to comply with the provisions of all statutes relative to the proper and complete performand am familiar with and accept the obligations of my position as registered agent.	at the is capo e of n	nlace
	(Registered agent's signature)		
t]	Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this he Department of State, by the Secretary of State or other official having custody of corporate records urisdiction under the law of which it is incorporated.	applic in the	ation to

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

A. DIRECTORS

Chairman: MARIE GAZDA		
Address: 13313 US HWY 19		
HUDSON, FL 34667	 	
Vice Chairman: 7/M L1		
Address: 13313 US HWY 19		
HUDSON, FL 34667		
Director: VIPUL RESHAMWALA		
Address: 13313 US HWY 19		
HUDSON, FL 34667		
Director: MICHAEL GAZDA		·
Address: 12410 PARTRIDGE HILL ROW	-	
HUDSON, FL 34667	7 MAY	SION
B. OFFICERS	31 7	유중
President: MARIE GAZDA	==	- 왕숙 - 왕숙
Address: 13313 US HWY 19	<u>ფ</u>	STA
HUDSON, FL 34667	50	TION TE
Vice President: T/M L	·· <u>- · · · · · · · · · · · · · · · · · </u>	<u></u>
Address: 13313 US HWY19		
HUDSON, FL 34667		
Secretary: VIPUL RESHAMWALA		
Address: 13313 US HWY 19, HUDSON, FL 346	67	
Treasurer: MICHAEL GAZDA		
Address: 12410 PARTRIDGE HILL ROW, HUDSON, FL	. 34	1667
NOTE TO THE PARTY OF THE PARTY		·
NOTE: If necessary, you may attach an addendam to the application listing additional officers and/or dir		
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		_
14. PRESIDENT (Typed or printed name and capacity of person signing application)		
(1) per or printer mails and superty or person signing approation)		

SECRETARY OF STATE



SECRETARY OF STATE STATE OF CORPORATIONS

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AMERICAN EDUCATIONAL ASSISTANCE CORPORATION**, as a non-profit corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 20, 2002, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 26, 2007.

ROSS MILLER

Secretary of State

Certification Clerk

