

F08000000795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

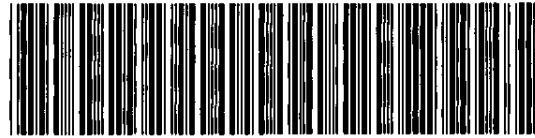
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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NOT ACKNOWLEDGE
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**P.O. BOX 10662, TALLAHASSEE, FL 32302
155 OFFICE PLAZA DRIVE, SUITE A, TALLAHASSEE, FL 32301
PHONE: (850) 216-0457 / FAX: (850) 216-0460**

DATE: 2/21/2008

NAME: ACCELERATED LEARNING SOLUTIONS, INC

**TYPE OF FILING: APPLICATION TO TRANSACT
BUSINESS**

COST: \$70

RETURN:

ACCOUNT: FCA0000000045

AUTHORIZATION: PAUL / ABBIE HODGE

**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. **ACCELERATED LEARNING SOLUTIONS, 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. **TENNESSEE**

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

3. **26-0849079**

(FEI number, if applicable)

4. **JULY 27, 2007**

(Date of incorporation)

5. **PERPETUAL**

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

6. **UPON QUALIFICATION**

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

7. **2636 ELM HILL PIKE, SUITE 500, NASHVILLE, TENNESSEE 37214**

(Principal office address)

(Current mailing address)

8. **CHARTER SCHOOL MANAGEMENT**

(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: **NRAI Services, Inc.**

Office Address: **2731 Executive Park Dr., Ste 4**

Weston, Florida **33331**

(City)

(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.

NRAI Services, Inc.

Charles Coyle

Charles Coyle (Registered agent's signature) Assistant Secretary

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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TAMM HALL
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

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Chairman: _____
Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____
Address: _____

Director: ROBERT ESSINK
Address: 2636 ELM HILL PIKE, SUITE 500
NASHVILLE, TENNESSEE 37214

Director: CHARLES PIKE
Address: 2636 ELM HILL PIKE, SUITE 500
NASHVILLE, TENNESSEE 37214

B. OFFICERS

President: ROBERT ESSINK
Address: 2636 ELM HILL PIKE, SUITE 500
NASHVILLE, TENNESSEE 37214

Vice President: JOHN ROBBINS
Address: 2636 ELM HILL PIKE, SUITE 500
NASHVILLE, TENNESSEE 37214

Secretary: CHARLES PIKE
Address: 2636 ELM HILL PIKE, SUITE 500, NASHVILLE, TENNESSEE 37214

Treasurer: SAME AS SECRETARY
Address: _____

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

13. Robert Essink
(Signature of Director or Officer listed in number 12 of the application)

14. ROBERT ESSINK - President
(Typed or printed name and capacity of person signing application)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 02/19/2008
REQUEST NUMBER: 08050131
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 07/27/2007
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0554670
JURISDICTION: TENNESSEE

TO:
HARWELL HOWARD HYNE GABBERT & MANNER
315 DEADERICK ST
STE 1800
NASHVILLE, TN 37238

REQUESTED BY:
HARWELL HOWARD HYNE GABBERT & MANNER
315 DEADERICK ST
STE 1800
NASHVILLE, TN 37238

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"ACCELERATED LEARNING SOLUTIONS, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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SECRETARY OF STATE
NASHVILLE, TENNESSEE

FOR: REQUEST FOR CERTIFICATE

ON DATE: 02/19/08

FROM:
HARWELL HOWARD HYNE GABBERT & MANNER
315 DEADERICK STREET
SUITE 1800
NASHVILLE, TN 37238-1800

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00004331919
ACCOUNT NUMBER: 00000511



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE