F08000002030

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name) .						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



900128494119

05/05/08--01065--010 ++70.00

2009 NAY -5 P 12: 55
SECRETARY OF STATE
SECRETARY OF STATE

MAY - 6 2008 D. A. WHITE

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Advanced Learning Centers	s, Inc.		
	of corpora	tion - must include suffix)
Dear Sir or Madam:			
The enclosed "Application by Foreign Cor "Certificate of Existence," and check are st transact business in Florida.			
Please return all correspondence concernin	g this matt	er to the following:	
Matt Mason			
	(Name	of Person)	
	(Firm/C	Company)	
317 Inverness Way South #150			
	(Ad	ldress)	
Englewood, Colorado 80112		·····	
	(City/State	e and Zip code)	
For further information concerning this ma	tter, please	call:	
Matt Mason	nt (<u>303</u>	504-9312	
(Name of Person)	(Area	a Code & Daytime Teleph	none Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	:	MAILING A New Filing Son Division of C P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a check for the following amou	ınt:		
\$70.00 Filing Fee \$78.75 Filing For Certificate of		\$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 Lea	arning Centers, Inc.				
•	(Enter name of	corporation; must include "INCOR Corp," "Inc," "Co," or "Corp.")	PORATED	," "COMPANY," "CORPORATION,"		
	(If name unavail	able in Florida, enter alternate cor	porate name	adopted for the purpose of transacting business in Florida)		
2.	Wyoming		2	83-0302861		
۷,		under the law of which it is incorp	orated)	(FEI number, if applicable)		
4	December 7, 1	992	5.	Perpetual		
₹.	(Date	of incorporation)	J.	(Duration: Year corp. will cease to exist or "perpetual")		
6.	1/2/08	·				
•				in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7.	Inverness Way	South #150, 317, Englewood, (Colorado f	30112	$\boldsymbol{\pi}$	
	(Principal office address)					
		(Current	mailing add	dress) SSETO D	7	
8.	Educational Co	onsulting Service		75 R		
	(Purpose(s) of corporation authorized in hon	ne state or c	ountry to be carried out in state of Florida)		
9.	Name and stree	et address of Florida registered	agent: (P.0	D. Box NOT acceptable)	•	
	Name:	NRAI Services, Inc.		- -		
O	ffice Address:	2731 Executive Park Dr., Ste	4			
		Weston		, Florida 33331		
	•	(City)		(Zip code)		
H: de fu	aving been nam signated in this rther agree to c ad I am familian	application, I hereby accept th	he appoints Il statutes r us of my po		y. <i>I</i>	

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:	7007 MAY ED
A. DIRECTORS	
Chairman:	1007 MAY 150
Address:	TASECRETARY OF S. 55
	THASSE OF S5
Vice Chairman:	£ 0 5 17 5°
Address:	
Andrew Reeves	•
247 January 20 May South #450 Englayand CO 90442	
Address: 317 Inverness way South, #150, Englewood, CO 80112	
Director:	
Address:	
B. OFFICERS	
President: Margaret L Lush	
Address: 317 Inverness Way South, #150, Englewood, CO 80112	
Vice President: Larry Ainsworth	
Address: 317 Inverness Way South, #150, Englewood, CO 80112	
Secretary:	
Address: 317 Inverness Way South, #150, Englewood, CO 80112	
Treasurer: Margaret L Lush	
Address: 317 Inverness Way South, #150, Englewood, CO 80112	
NOTE: If necessary, you may attach an addendum to the application listing	g additional officers and/or directors.
13. < may 13. 13. 13. 13. 13. 13. 13. 13. 13. 13.	a Caba a multi-addam)
Signature of Director or Officer listed in number 12	of the application)

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

STATE OF WYOMING Office of the Secretary of State

FILED

2000 NAY -5 P 12: 55

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMINGS dochereby DA certify that according to the records of this office,

Advanced Learning Centers, Inc.

is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on **December 7**, **1992**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **1992-000278076**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of April, 2008 at 9:38 AM. This certificate is assigned 002721617.



Mas Massiello
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.