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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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### COVER LETTER

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

**SUBJECT:** JUDSON EDUCATIONAL TECHNOLOGIES, 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:

ROBERT P. JUDSON  
(Name of Person)  
JUDSON EDUCATIONAL TECHNOLOGIES, INC.  
(Firm/Company)  
17119 PERDIDO KEY DR. # C-34  
(Address)  
PENSACOLA, FL 32507  
(City/State and Zip code)

For further information concerning this matter, please call:

ROBERT JUDSON at (314) 443-8100  
(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. JUDSON EDUCATIONAL TECHNOLOGIES, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. MISSOURI 3. 43-1632811  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 5 1993 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JUNE 10 2008  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 15719 HAMAR RIDGE CT. CHESTERFIELD, MO 63017  
(Principal office address)

913 CORONET DR. BALLWIN, MO 63011  
(Current mailing address)

8. CONSULTATION, TRAINING DELIVERY + DEVELOPMENT  
(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: ROBERT P. JUDSON

Office Address: 17119 PERDIDO KEY DR. # C-34  
PENSACOLA, Florida 32507  
(City) (Zip code)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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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.*

Robert P. Judson  
(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: ROBERT P. JUDSON

Address: 17119 PERDIDO KEY DR. #C-34  
PENSACOLA, FL 32507

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: ROBERT P. JUDSON

Address: 17119 PERDIDO KEY DR. #C-34  
PENSACOLA, FL 32507

Vice President: KATHLEEN A. JUDSON

Address: 17119 PERDIDO KEY DR. #C-34  
PENSACOLA, FL 32507

Secretary: ROBERT P. JUDSON

Address: 17119 PERDIDO KEY DR. #C-34, PENSACOLA, FL 32507

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

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

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

13. Robert P. Judson PRESIDENT & CHAIRMAN  
(Signature of Director or Officer listed in number 12 of the application)

14. ROBERT P. JUDSON PRESIDENT & CHAIRMAN  
(Typed or printed name and capacity of person signing application)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

# STATE OF MISSOURI



Robin Carnahan  
Secretary of State

CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING

FILED  
2008 JUL 25 P 1:49  
MISSOURI SECRETARY OF STATE  
JANUARY 1, 1820

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

JUDSON EDUCATIONAL TECHNOLOGIES, INC.  
00377807

was created under the laws of this State on the 5th day of March, 1993, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 23rd day of June, 2008

*Robin Carnahan*

Secretary of State

