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FOREIGN PROFIT/NONPROFIT CORPORATION

New Learning Resources, Inc.

Certificate of Status0Certified Copy0Page Count04Estimated Charge\$70.00

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. New Learning Resources, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")

(If name unavailable	in Florida, entor alternate corporate nam	e adopted for the purpose of transacting business in Flori	da)		
2. <u>Mississip</u> (State or country unit	si ler the law of which it is incorporated)	, <u>64 - 69 (74 01</u> (FEI number, if applicable)			
the second s	192. 5 incorporation)	(Duration: Year corp. will coase to exist or "perpetual	")		
б	(Date first transacted business (SBE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)			
	(Principal office ad	x 12347 Jackson, US 3923	5	[<u>]</u> 0 ەט	834,224, 1
8. <u>K - 12</u> (Purpose(s) of	Educational Services	cuntry to be carried out in state of Florida)	– <u>~</u> ~~~	16 AF	
9. Name and street ad	dress of Plorida registered agent: (P.	O. Box <u>NOT</u> acceptable)	FS	AM II :	
Name:	C T Corporation System		ORI	រភូ ភូភូ	C. 36
Office Address:	1200 South Pine Island Road		A	Ψ.	
	Plantation (City)	, Plorida (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.

C T Corporation System Kimberly Breunling Assistant Secretary By: (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.

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

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A. DIRECTORS	
Chairman:	
Address:	
	<u></u>
Vice Chairman:	
Address:) Magaza (para internet a superior de la casa de la cas
Director:	
Address:	
A4165	0
Director:	et op
Address:	6
B. OFFICERS	E FIS
President: Dr. Nancy New Boy II	FLOATE
Address: 1417 Ladia Drixa	
Jackson, MS 39216	
Vice President: <u>Zach New</u>	
Address: 1417 Lelia Drive Jackson, MS 35216	
Secretary: JESSE S. New Jr.	
Address: P.O. Box 6020 Bindeland, MS 39158	
Treasurer: Justia Hodacs	
Address: 1417 Lalia Drive Jackson, 115 39216	··
NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or directors.	•
13. Aliston	
(Signature of Director or Officer listed in number 12 of the application)	
14. JESSE S. NEW JR. SECRETARY ATTORNEY (Typed or printed name and capacity of person signing application)	

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State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, IR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on May 20, 1992, the State of Mississippi issued a Charter/Certificate of Authority to:

NEW LEARNING RESOURCES, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand and seal of office October 15, 2009 19 OCT 16 AM 11: 55

C. Delbert Hosomann, Jr. Secretary of State

Contification Number: 11549977-1 Page 1 of 1 Reference: Verify this certificate online at https://business.scs.state.ms.us/corp/soskb/verify.sp

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