F10000000786

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





800168478838

02/16/10--01015--008 **78.75





COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: Tutorial Services, Inc.					
Name of corporation - must include	suffix				
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for Authorization "Certificate of Existence," or "Certificate of Good Standing" and checabove referenced foreign corporation to transact business in Florida.					
Please return all correspondence concerning this matter to the following	ng:				
Kristie Schaufele					
Name of Person					
Tutorial Services, Inc.					
Firm/Company	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
166 S. Industrial Dr.	2010 F				
Address	E I				
Saline, MI 48176					
City/State and Zip code	7 7				
kschaufele@tutorialservices.org					
E-mail address: (to be used for future annua	al report notification)				
For further information concerning this matter, please call:					
Kristie Schaufele at (734) 470-6387					
Name of Person Area Code & Daytime Telephone Number					
New Filing SectionNewDivision of CorporationsDivisClifton BuildingP.O.	ILING ADDRESS: Filing Section sion of Corporations Box 6327 thassee, FL 32314				
Enclosed is a check for the following amount:					
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Certified Cop					

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.	Tutorial Service	es, Inc.			
		orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
	Tutorial Service	es			
	(If name unavaila	able in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business in Florida)	
2.	Michigan		_ 3.	200704954	
	(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	
4.	February 6, 20	04	5.	Perpetual .	
	(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6.					
				n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7.	166 S. Industrial	Dr. Saline, MI 48176		2010 TAL	
		(Principal office	add	ress)	'nį.
	166 S. Industria	l Dr. Saline, MI 48176		$\mathcal{O}_{\mathcal{A}}^{\mathcal{A}}$ \leftarrow	
		(Current mailing	add	[T] production (1)	ewine)
					WARET TO
8.	Online Tutoring			untry to be carried out in state of Florida)	
	(Purpose(s)) of corporation authorized in home state of	or co	untry to be carried out in state of Florida)	
9.	Name and stree	t address of Florida registered agent: (P.C	Box NOT acceptable)	
	Name:	George Barker			
Oi	ffice Address:	505 Freedom Court		<u></u>	
		Deerfield Beach		, Florida <u>33442-9126</u>	
		(City)		(Zip code)	

10. Registered agent's acceptance:

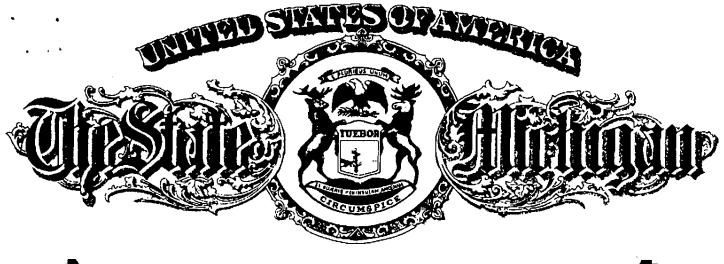
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

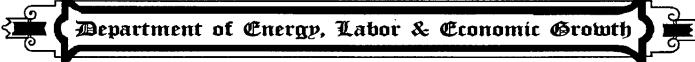
(Registered agent's signature)

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: Thomas H. Allor Jr. Address: 166 S. Industrial Dr. Saline, MI 48176 Vice Chairman: Kristie L. Schaufele Address: 166 S. Industrial Dr. Saline, MI 48176 Director: Address: Director: Address: **B. OFFICERS** President: Thomas H. Allor Jr. Address: 166 S. Industrial Dr. Saline, MI 48176 Vice President: Kristie L. Schaufele Address: 166 S. Industrial Dr. Saline, MI 48176 166 S. Industrial Dr. Saline, MI 48176 Secretary: _____ Address: ___ Treasurer: ____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Director or Officer listed in number 12 of the application) 14.

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





Lansing, Michigan

This is to Certify That

TUTORIAL SERVICES, INC.

was validly incorporated on February 6, 2004, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my Construction with the entropy of the construction of the construct

ga proposition of the control of the

Bureau of Commercial Services

2017年1月1日 (1917年)