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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

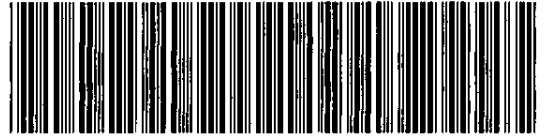
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bureh MAR 1 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: A2Z EDUCATIONAL CONSULTANTS, 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," or "Certificate of Good Standing" 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:

NASHIB UMER

Name of Person

INFOTAXSQUARE.COM, INC.

Firm/Company

80 N BROADWAY, SUITE 1005

Address

HICKSVILLE, NY 11801

City/State and Zip code

cherhightower@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NASHIB UMER

Name of Person

at (516) 822-3100

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

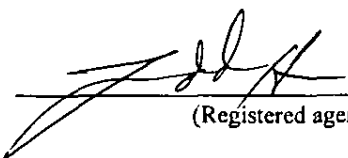
Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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. A2Z EDUCATIONAL CONSULTANTS, 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. CALIFORNIA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/05/2007 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON FILING
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1023 CENTRAL BLVD, HAYWARD, CA 94542
(Principal office address)
- 1023 CENTRAL BLVD, HAYWARD, CA 94542
(Current mailing address)
8. EDUCATIONAL CONSULTING
(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: Bergman Hirsch + Associates, LLC
- Office Address: 4171 West Hillsboro Blvd, Ste #9
Coconut Creek, Florida 33073
(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.

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

A. DIRECTORS

Chairman: CHERYL HIGHTOWER

Address: 1023 CENTRAL BLVD, HAYWARD, CA 94542

Vice Chairman: DOROTHEA WILLIAMS

Address: 14407 WEST HOPE DRIVE, SURPRISE, AZ 85374

Director: CHERYL HIGHTOWER

Address: 1023 CENTRAL BLVD, HAYWARD, CA 94542

Director: DOROTHEA WILLIAMS

Address: 14407 WEST HOPE DRIVE, SURPRISE, AZ 85374

B. OFFICERS

President: CHERYL HIGHTOWER

Address: 1023 CENTRAL BLVD, HAYWARD, CA 94542

Vice President: DOROTHEA WILLIAMS

Address: 14407 WEST HOPE DRIVE, SURPRISE, AZ 85374

Secretary: DOROTHEA WILLIAMS

Address: 14407 WEST HOPE DRIVE, SURPRISE, AZ 85374

Treasurer: _____

Address: _____

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

13. Cheryl Hightower
(Signature of Director or Officer listed in number 12 of the application)

14. CHERYL HIGHTOWER-CHAIRMAN/PRESIDENT

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

A2Z EDUCATIONAL CONSULTANTS, INC.

FILE NUMBER: C2920011
FORMATION DATE: 06/05/2007
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of February 18, 2010.

Debra Bowen

**DEBRA BOWEN
Secretary of State**

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SACRAMENTO, CALIFORNIA