0000015Page 722

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000072552 3)))



H100000725523A8CW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:			
THE PERSON NAMED IN				

FOREIGN PROFIT/NONPROFIT CORPORATION

Chugach Education Services, Inc.

Certificate of Status	1				
Certified Copy	0				
Page Count	05				
Estimated Charge	\$78.75				

618A0000

÷

COVER LETTER

TO:	New Filing Section Division of Corpo				
SUBJ	ECT: Aun: Lagal l	Dept 3800 Conterpoint Dr S	ic 60	I Anchorage, AK 99503	
		Name of corpora	tion	- must include suffix	
Dear S	ir or Madam:				
"Cortif	ficate of Existence,"	n by Foreign Corporation or "Certificate of Good S corporation to transact but	Stand	ling" and check are sub-	ot Business in Florida," mitted to register the
Please	return all correspor	dence concerning this me	atter	to the following:	
Attn: L	egal Dept				
		Name	of I	erson	
Chugae	ch Educacion Services	, Inc.			
		Firm/0	Com	pany	
3800 C	enterpoint Dr Ste 601				
		A	ddre	ss .	
Anchor	ruge, AX 99503				
		City/Sm	to ar	d Zip code	
legal@	chugach-ak.com				
		E-mail address: (to be us	ed f	or future annual report n	otification)
For fur	ther information co	ncerning this matter, plea	8ê C	41:	
Brin Ma	nner	at (907) 261-0389	·
	Name of Person			ode & Daytime Teleph	one Number
	STREET/COURI New Filing Section Division of Corpor Clifton Building 2661 Executive Country Tallahassee, FL 3	n rations enter Circle 2301		MAILING AI New Filing Se Division of Co P.O. Box 6327 Tallahassee, Fi	ction rporations
Enclose	ed is a check for the	following amount:			
\$ 70	.00 Filing Fee 🏻 🏃	\$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICA		TION FOR AUTHORIZATION TO TRANSACT S IN FLORIDA	T SE
IN COMPLIANCE REGISTER A FOI	S WITH SECTION 607.1503, FLORIDA REIGN CORPORATION TO TRANSACT	STATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.	A T A S A S A S A S A S A S A S A S A S
1. Chugach Educat	tion Services, Inc.		
	experation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	O," "COMPANY," "CORPORATION,"	FLORIDA STATE
(If name unavails	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Plorida)	
2. Alaska		26-4086952	
(State or country	under the law of which it is incorporated)	(PEI number, if applicable)	
4. 01/09/2009	5	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6, 01/18/2010			
		in Florids, if prior to registration) 1502, F.S., to determine penalty liability)	
7, 500 Z2nd Street S	outh St Petersburg, PL 33712		
	(Principal office ad	dress)	
Atin: Legal Dept	3800 Centerpoint Dr Ste 601 Anchorage,	AK 99503	_
	(Current mailing ac	(dress)	
g Other Technical	Trade Schools - Caretaker of Pinellas Job Co	orp Center	_
) of corporation authorized in home state or		
9. Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)	
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida 33324	
	(City)	(Zip code)	
Having been nam designated in this further agree to o	application. I hereby accept the appoint	vice of process for the above stated corporation at the j tment as registered agent and agree to act in this capa relative to the proper and complete performance of m position as registered agent.	icity. I
	C T Corporation System	Cameron Cullen	

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.

(Registered agent's signature)

12. Nar	nes and business addresses of officers and/or directors:			
A. DIR	ECTORS	A.S.	2010	
Chairma	n: Michael McCanna			
Address:	PO Box 11572 Olympis, WA 98508	SE	- 無 - 3	
		the?		i
Vice Cha	irman: none	E.S.	<u> </u>	į
Address:		ATE RIDA	t: 42	
Director:	Roy Rocht, Sr		-	
Address;	844 Skyline Dr Fairbanks, AK 99712		-	
Director:	Nick Tanape		-	
Address:	PO Box 8003 Homer, AK 99603		_	
	Mary Cohorst 3800 Centerpoint Dr Ste 601 Anchorage, AK 99503		-	
	ident: none		-	
-	Michael McCanna PO Box 11572 Olympia, WA 98508		-	
	Michael McCannna		-	
Address:	PO Box 11572. Olympia, WA 98508		<u>-</u>	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors	•		
	(Signature of Director or Officer listed in number 12 of the application) (Cohorst, President		-	

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

Alaska Entity # 120079

State of Alaska Department of Commerce, Community, and Economic Development

CERTIFICATE OF GOOD STANDING

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby certifies that

CHUGACH EDUCATION SERVICES, INC.

on the 9th day of January, 2009 filed in this office its Articles of Incorporation, as a Business Corporation organized under the laws of this state.

I FURTHER CERTIFY that said Business Corporation is in good standing, having fully complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on the 17th day of March, 2010.

Amie notti

Emil Notti Commissioner

Certification Number: 403045-1 Verify this certificate enline at https://noyalaska.state.ak.us/business/soskh/verify.asp