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## COVER LETTER

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

**SUBJECT:** Anderson Educational Consultation, Anderson Academy  
Name of Corporation – must include suffix  
of Mathematics and Science Inc.

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Dr. DaJuane Anderson

Name of Person

Anderson Educational Consultation, Anderson  
Firm/Company  
Academy of Mathematics and Science Inc.

9317 Arborwood Circle

Address

Davie FL 33328

City/State and Zip Code

drdajuane@andersonacademys.com

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

For further information concerning this matter, please call:

Dr. DaJuane Anderson at ( 954 ) 236-7070

Name of Person

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Anderson Educational Consultation, Anderson Academy of Mathematics and Science Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Nevada 3. 205164751  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-7-2006 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 7702 Morning Lake, Drive Las Vegas Nevada 89131  
(Principal office address)

9317 Arborwood Circle, Davie FL 33328  
(Current mailing address)

8. Educational Service S  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Dr. DaJuane Anderson

Office Address: 9317 Arborwood Circle  
Davie, Florida 33328  
(City) (Zip Code)

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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.*

DaJuane Anderson  
(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 addresses of officers and/or directors:

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: Dr. DaJuane Anderson

Address: 9317 Arborwood Circle  
Davie, FL 33328

Vice President: Dr. Tamara Anderson

Address: 9317 Arborwood Circle  
Davie, FL 33328

Secretary: Dr. Tamara Anderson

Address: 9317 Arborwood Circle, Davie, FL 33328

Treasurer: Dr. DaJuane Anderson

Address: 9317 Arborwood Circle, Davie, FL 33328

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

13. DaJuane Anderson President/Chairman Tamara Anderson Vice President  
\_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Secretary

14. Dr. DaJuane Anderson (President/Treasurer) Dr. Tamara Anderson  
(Typed or printed name and capacity of person signing application) (Vice President/Secretary)

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ANDERSON EDUCATIONAL CONSULTATION, ANDERSON ACADEMY OF MATHEMATICS AND SCIENCE INC.**, as a non-profit corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 7, 2006, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 2, 2010.

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER  
Secretary of State

Electronic Certificate  
Certificate Number: C20100402-0797  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304