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(Cil	ty/State/Zip/Phone	; #)		
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PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
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(LO	cument Number)			
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Special Instructions to	Filing Officer:	ŀ		
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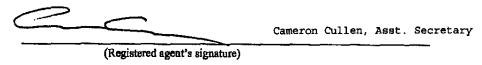
TO:		Filing Section of Cor					
SHRI	FCT.	Read	Right Syst	ems, Ind	c.		
3020	2011				ion - must in	clude suffix	
Dear S	ir or M	adam:					
"Certif	ficate of	f Existence	ion by Foreign C e," or "Certificate n corporation to	e of Good S	tanding" and	i check are subm	Business in Florida," itted to register the
Please	return	all corresp	ondence concern	ing this ma	tter to the fo	llowing:	
Jolei	ne Sa	alazar					
				Name	of Person		
Rea	d Ri	ght Sy:	stems, Inc.				
				Firm/C	Company	-	
310	Wes	st Birch	Street				
				A	ddress		
Shel	lton,	WA 98	584				
		-		City/Sta	te and Zip co	ode	
jolen	es@r	eadrigh	it.com				
			E-mail addres	ss: (to be us	ed for future	annual report no	tification)
For fu	rther in	formation	concerning this	matter, plea	se call:		
Jolei	ne Sa	alazar		at (360	, 427	-9440	
	Nam	e of Perso	n			Daytime Telepho	ne Number
	New Divis Clifto 2661	Filing Section of Coron Buildin	porations g : Center Circle	SS:		MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations
Enclos	sed is a	check for	the following an	nount:			
. []\$	70.00 I	filing Fee	\$78.75 Fili Certificate	ng Fee & of Status		Filing Fee & ed Copy	\$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.	READ RIGHT SYSTEMS, 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)					
	Washington 3. 91-1645632					
	(State or country under the law of which it is incorporated) (FEI number, if applicable)					
4.	06/29/1994 5. perpetual					
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")					
6.						
	(Date first transacted business in Florida, if prior to registration)					
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)					
7.	310 West Birch Street Shelton, WA 98584					
	(Principal office address)					
	310 West Birch Street Shelton, WA 98584					
	(Current mailing address)					
8.	Literacy Training					
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)					
9.	Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)					
	Name:					
0	ffice Address:					
	Plantation ,Florida 33324					
	(City) (Zip code)					
34	0 Registered agent's accentance:					

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,



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:	
Address:	
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Vice Chairman:	<u></u>
Address:	25
	<u> </u>
Director:	925 5
	\$ *** <u> </u>
Address:	
Director:	
Address:	
B. OFFICERS	
President: Dolores Tadlock	
Address: 90 SE Low	
Shelton, WA 98584	
Vice President: Leon Gilles	
Address: 90 SE Low	
Shelton, WA 98584	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional o	fficers and/or directors.
13. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 12 above) affin are true and that he or she is aware that false information submitted in a document to the third degree felony as provided for in s.817.155, F.S.	
14. Leon Gilles	



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

READ RIGHT SYSTEMS, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 6/29/1994.

I FURTHER CERTIFY that as of the date of this certificate, READ RIGHT SYSTEMS, INC. remains active and has complied with the filing requirements of this office.

Date: November 22, 2010

UBI: 601-556-027

STATE OF WASHINGTON 1889 NO.

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State