

F11000004354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

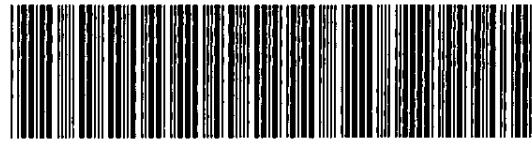
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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KUTAK ROCK LLP

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October 27, 2011

VIA FEDERAL EXPRESS

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

**Re: Professional Training Institute, Inc.
Application by Foreign Corporation for Authorization to Transact Business
in Florida**

To Whom It May Concern:

Please find enclosed herein, for *immediate* filing with your office, the original and one copy of the following documents:

- 1) The completed Cover Letter along with the Application by Foreign Corporation for Authorization to Transact Business in Florida ("Application");
- 2) Filing fee in the amount of \$87.50 payable to "Florida Department of State"; and
- 3) Certificate of Good Standing from Missouri Secretary of State.

We request that you please file the above referenced Application and return the file-stamped copy of the document back to us for completion of our files.

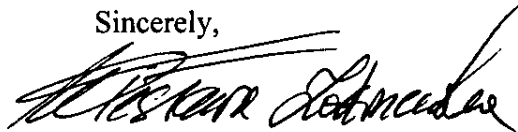
Thank you for your attention to this matter.

KUTAK ROCK LLP

Florida Department of State
October 27, 2011
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Should you have any questions or comments, please do not hesitate to contact me directly at (816) 502-4850.

Sincerely,

A handwritten signature in black ink, appearing to read "Wiesława Zakrzewska", written in a cursive style.

Wiesława Zakrzewska
Paralegal

/wz

Enclosures

cc: P. Mitchell Woolery, Esq.
Lucinda Newberry, Esq.
James Miller, Jr.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Professional Training Institute, 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:

Wieslawa Zakrzewska

Name of Person

Kutak Rock LLP

Firm/Company

1010 Grand Blvd., Suite 500

Address

Kansas City, MO 64106

City/State and Zip code

wieslawa.zakrzewska@kutakrock.com

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

For further information concerning this matter, please call:

Wieslawa Zakrzewska at (816) 502-4850

Name of Person

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:

- ☐ \$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 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. Professional Training Institute, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri 3. 22-2800579
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 16, 1987 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2670 Treasure Lane Naples FL 34102
(Principal office address)

2670 Treasure Lane Naples, FL 34102
(Current mailing address)
Educational Financial Aid and Administration Training and any lawful business
for which a corporation may be organized under the laws of the State of Florida.

8. _____
(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: James Miller, Jr.

Office Address: 2670 Treasure Lane

Naples, Florida 34102
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: James Miller, Jr.

Address: 2670 Treasure Lane

Naples, FL 34102

Director: Gayle Lee Miller

Address: 2670 Treasure Lane

Naples, FL 34102

B. OFFICERS

President: James Miller, Jr.

Address: 2670 Treasure Lane

Naples, FL 34102

Vice President: _____

Address: _____

Secretary: James Miller, Jr.

Address: 2670 Treasure Lane Naples, FL 34102

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

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

14. James Miller, Jr. President

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

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STATE OF MISSOURI



Robin Carnahan
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

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I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

PROFESSIONAL TRAINING INSTITUTE, INC.
00303518

was created under the laws of this State on the 16th day of June, 1987, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 23rd day of September, 2011

A handwritten signature in cursive script that reads "Robin Carnahan".

Secretary of State

