F14000002602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/05/14--01024--006 **78.75

06/17/14--01026--017 **650.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WM-35672

06/18/14

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2014

MICHAEL D. ROBERTS
SHERRARD & ROE PLC
150 3RD AVENUE SOUTH, SUITE 1100
NASHVILLE, TN 37201

SUBJECT: EARLY AUTISM PROJECT, INC.
Ref. Number: W14000035672

We have received your document for EARLY AUTISM PROJECT, INC. and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a $500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total $650.00.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 514A00012398

SHERRARD & ROE, PLC
ATTORNEYS AT LAW
150 3RD AVENUE SOUTH, SUITE 1100
NASHVILLE, TENNESSEE 37201
(615) 742-4200
FACSIMILE (615) 742-4539
WWW.SHERRARDROE.COM

ANNA M. EDGE

WRITER'S DIRECT DIAL (615) 742-4565
AEDGE@SHERRARDROE.COM

June 4, 2014

VIA FEDEX

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Application by Foreign Corporation for Authorization to Transact Business in Florida

To Whom It May Concern:

Enclosed please find an Application by Foreign Corporation for Authorization to Transact Business, along with a check in the amount of $78.75 to cover the filing fee and certified copy fee. Once filed, I would appreciate you returning the stamped copy to me in the enclosed self-addressed stamped envelope. If you have any questions or concerns, please feel free to contact Mr. Roberts or me.

Sincerely,

Anna M. Edge
Legal Assistant to Michael D. Roberts

/ame
Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Early Autism Project, 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:

Michael D. Roberts
Name of Person

Sherrard & Roe, PLC
Firm/Company

150 3rd Avenue South, Suite 1100
Address

Nashville, TN 37201
City/State and Zip code

aedge@sherrardroe.com / dwhitfield@esa-education.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Edge at (615) 742-4565
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. Early Autism Project, 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. South Carolina
(State or country under the law of which it is incorporated)

3. 14-1859573
(FEI number, if applicable)

4. 12/4/2002
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. 10/1/2013
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1321 Murfreesboro Pike, Suite 702, Nashville, TN 37217-2626
(Principal office address)

1321 Murfreesboro Pike, Suite 702, Nashville, TN 37217-2626
(Current mailing address)

8. Applied Behavioral Analysis for autism.
(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: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

NRAI Services, Inc.

By: Adrianne Rivera
(Registered agent's signature)

Adrianne Rivera,
Special Assistant Secretary

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

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TALLAHASSEE, FLORIDA

Director: Mark Claypool

Address: 1321 Murfreesboro Pike, Suite 702, Nashville, TN 37217-2626

Director: Donald Whitfield

Address: 1321 Murfreesboro Pike, Suite 702, Nashville, TN 37217-2626

B. OFFICERS

President: Mark Claypool

Address: 1321 Murfreesboro Pike, Suite 702, Nashville, TN 37217-2626

Vice President: Bryan Skelton

Address: 1321 Murfreesboro Pike, Suite 702, Nashville, TN 37217-2626

Secretary: Donald Whitfield

Address: 1321 Murfreesboro Pike, Suite 702, Nashville, TN 37217-2626

Treasurer: _____

Address: _____

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

13. Donald B Whitfield

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.817.155, F.S.

14. Donald Whitfield, Secretary

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

The State of South Carolina

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14 JUN 17 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

EARLY AUTISM PROJECT, INC.,
a corporation duly organized under the laws of the State of South Carolina on December 4th, 2002, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 23rd day of May, 2014.

Mark Hammond

Mark Hammond, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual reports with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.