F14000003230

7/31/2014 Division of Corporations

Florida Department of State
Division of Corporations
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14 JUL 31 AM 10:51

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : NORTHWEST REGISTERED AGENT LLC
Account Number : I20090000081
Phone : (509)768-2249
Fax Number : (855)330-1010

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

Email Address: processing@llcagent.com

FOREIGN PROFIT/NONPROFIT CORPORATION
training tv, corporation

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$70.00

Pd 8/1/14

14 JUL 31 PM 2:13

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. Training TV, Corporation
(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. CA
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. 09/16/2009
(Date of incorporation)

5. PERPETUAL
(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. 3030 N. Rocky Point Dr. STE 150A Tampa, Florida 33607
(Principal office address)

3030 N. Rocky Point Dr. STE 150A Tampa, Florida 33607
(Current mailing address)

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

Name: Northwest Registered Agent LLC

Office Address: 3030 N. Rocky Point Dr, STE 150A

Tampa (City), Florida 33607 (Zip code)

9. **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.

Dan Keen, Manager
(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Anna Eddy

Address: 500 Xanadu Place JUPITER, FL 33477

Director: _____

Address: _____

B. OFFICERS

President: Anna Eddy

Address: 500 Xanadu Place JUPITER, FL 33477

Vice President: _____

Address: _____

Secretary: Anna Eddy

Address: 500 Xanadu Place JUPITER, FL 33477

Treasurer: Anna Eddy

Address: 500 Xanadu Place JUPITER, FL 33477

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

12. _____

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.

13. Anna Eddy PRESIDENT

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

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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

TRAINING TV, CORPORATION

FILE NUMBER:	C3239842
FORMATION DATE:	09/16/2009
TYPE:	DOMESTIC CORPORATION
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 25, 2014.

DEBRA BOWEN
Secretary of State

DLS

NP-25 (REV 1/2007)

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