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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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## **COVER LETTER**

TO: New Filing Section Division of Corp			
SUBJECT:U	rning Point E	ducation Servi	ces, Inc.
Dear Sir or Madam:	-		
"Certificate of Existence	on by Foreign Corporation to," or "Certificate of Good S corporation to transact bus	tanding" and check are sub	•
Please return all correspo	ondence concerning this ma	tter to the following:	
	Frica Kinr Name	vebrew) of Person	<del></del>
Tu	urning Point E	ducation Serv	ices, Inc.
	1334 Tol	ur Dr.	
	Gulf Breez	ldress e,FL 3256	3
<del></del>	City/Stat	e and Zip code  90017110 beha ed tot future annual report n	
For further information c	oncerning this matter, pleas	se call:	
Frica Kinnel Name of Person	OYEM at ( <u>850</u>	ea Code & Daytime Telepho	one Number
STREET/COUNTY New Filing Section Division of Corpe Clifton Building 2661 Executive (Tallahassee, FL	orations Center Circle	MAILING AN New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
Enclosed is a check for the	ne 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. Turnir (Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPO orp," "Inc," "Co," or "Corp.")	on Separated," "	CVICES COMPANY,"	Inc.	N,"		
	ning Point In Pable in Florida, enter alternate corpo	selva VIOI rate name ado		urpose of transaction	ng business in Flo		
	aryland y under the law of which it is incorp		46-1	391087 (FEI number, if a	nnlicoble)	<del></del>	
4. <u>Octo</u>	ober 26, 2010 of incorporation)	5	<del></del>	petual corp. will cease to		ual")	
6 7 <u>. 1334</u> 1334		1 & 607.1502 Breez office address	F.S., to deter				
		ailing address	)		I SEC	14 \$1	
Name:	Erica Kinnebr	ew	_		70 E	SEP -8	- 1.
Office Address:	1334 Tour Dr Gulf Breeze (City)		, Florida	32563 (Zip code)		M 7: 43	
•	ent's acceptance:	cant camica	af mmaaaaa fa	n the above state	ad agreemention	aí tha i	ala a

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)

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: Etica Kinnebrew			
Address: 1334 Tow Dr.			
Gulf Breeze, FL 32563			
Vice Chairman: Erica Kinnebrew			
Address: 1334 Tour Dr.			
Gulf Breeze, FL 32563			
Director: Erica Kinnébrew			
Address: 1334 Tour Dr	····		
Gulf Breeze, FL 32563	· • · · · · · · · · · · · · · · · · · ·		
Director: Erica Kinnebrew			
Address: 1334 Tour Dr.			
Gulf Breeze, FL 32563			
B. OFFICERS			
President: Frica Kinnebrew			
Address: 1334 Tour Dr.	<u>ंच्</u>		
Gulf Breeze, FL 32563		S 4	
Vice President: Etica Kinnebrew		1	, , , , , , , , , , , , , , , , , , ,
Address: 1334 Tour Dr.	(h) → (m) → (m) (m)		î
Gulf Breeze, FL 30563		1 7:	en en
Secretary: Erica Kinnebrew	<b>***</b>	<u>ය</u> වා .	
Address: 1334 Tour Dr. Gulf Breeze FL 32563			
Treasurer: Etica Kinnebrew			
Address: 1334 Tour Dr. Gulf Breeze, FL 32563			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	l/or directo	ors.	
12. Trica Kinnetran			
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms that the	e facts sta	ted he	rein
are true and that he or she is aware that false information submitted in a document to the Department a third degree felony as provided for in s.817.155, F.S.			
13. Erica Kinnebrew			

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

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT TURNING POINT EDUCATION SERVICES, INC., INCORPORATED OCTOBER 26, 2012, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 03, 2014.

Paul B. Anderson Charter Division

Faul B. Under

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SES ES AS ESTE FLORIDA
ANASSEE FLORIDA



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097