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PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
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NOV 2 6 2014 S. GILBERT

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Technology for Learning Consortium, 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:

Hilarie Davis	mig uns matte	to the following.
	Name of	Person
Technology for Lear	ning Co	onsortium, Inc.
	Firm/Con	npany
4041 Sugarhill Ave		
	Addr	ess
Jensen Beach, FL 3	4597	
	City/State a	nd Zip code
hilarie@techforlearning	g.org	
E-mail addres	ss: (to be used	for future annual report notification)
For further information concerning this	matter, please	call:
Hilarie Davis	_{at (} 401	,965-5843
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:

7 2/0.00	riling Fee
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□ \$78.75 Filing Fee & Certificate of Status

□ \$78.75 Filing Fee & Certified Copy

■ \$87.50 Filing Fee, Certificate of Status & Certified Copy



RECEIVED 14 NOV 24 PM 2: 19

FLORIDA DEPARTMENT OF STATE AHASSEE, FLORIDA Division of Corporations

November 13, 2014

HILARIE DAVIS 4041 SUGARHILL AVENUE JENSEN BEACH, FL 34597

SUBJECT: TECHNOLOGY FOR LEARNING CONSORTIUM, INC.

Ref. Number: W14000068386

We have received your document for TECHNOLOGY FOR LEARNING CONSORTIUM, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization listed in your document is wrong. Please correct and resumit for processing.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 814A00024134

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.

(If name unava	lable in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in F	Florida)
Khod	e Shud 3	04-3847973	
(State or coun	try under the law of which it is incorporated)	(FEI number, if applicable)	
March 1	13, 2006 ₅	perpetual	
(Da	te of incorporation)	(Duration: Year corp. will cease to exist or "perpe	etual")
	•	in Florida, if prior to registration)	
		1500 T.C. 4- 4-4	
AOA1 NE		1502, F.S., to determine penalty liability)	
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4041 NE	Sugarhill Ave, Jensen (Principal office add E Sugarhill Ave, Jensen (Current mailing add eet address of Florida registered agent: (P.	Beach FL 34957 Beach FL 34957 Beach FL 34957	14 NOV 24 PM 4: 42
4041 NE	Sugarhill Ave, Jensen (Principal office add E Sugarhill Ave, Jensen (Current mailing add eet address of Florida registered agent: (P. Hilarie Davis	Beach FL 34957 dress) Beach FL 34957 dress) Co. Box NOT acceptable) Description: Description:	_
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4041 NE	Sugarhill Ave, Jensen (Principal office add E Sugarhill Ave, Jensen (Current mailing add eet address of Florida registered agent: (P. Hilarie Davis	Beach FL 34957 dress) Beach FL 34957 dress) Co. Box NOT acceptable) Description: Description:	14 NOV 24 PM 4: 42

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:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS President: Hilarie Davis Address: 4041 NE Sugarhill Ave, Jensen Beach FL 34957
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
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. Hilarie Davis. President/CEO

Certification Number: 14100081980

The office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

Technology for Learning Consortium, Inc.

a Rhode Island corporation, filed original articles of incorporation in this office on

March 13, 2006

Effective

March 13, 2006

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED ON

Monday, October 27, 2014

Secretary of State

Authorized Agent

