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(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 2 9 2015

Y SULKER

COVER LETTER

TO. D					
TO: Registration Section Division of Corporation					
Studies Week					
SUBJECT:					
	Name of corporat	ion - must include	suffix		
Dear Sir or Madam:					
The enclosed "Application "Certificate of Existence," above referenced foreign c	or "Certificate of Good S	tanding" and chec			
Please return all correspon Kevin Carter	dence concerning this ma	tter to the followir	ıg:		
	Name	of Person			
Studies Weekly Inc					
	Firm/C	ompany			
1140 N 1430 W					
	Ad	dress	<u></u>		
Orem, UT 840547	1 10	ar ess			
	0': 10:	1.77			
kevin.carter@studiesweekly.		e and Zip code			
1.00	E-mail address: (to be use	ed for future annua	al report notif	ication)	
	is man address. (to be dis-	a for facult difficult	ii report notii	iounion)	
For further information con	ncerning this matter, pleas	se call:			
Kevin Carter		427-9050	427-9050		
	801 at ())		
Name of Person	Area C	ode Daytii	me Telephone	e Number	
STREET/COURI		MAILING ADDRESS:			
Registration Section			Registration Section		
Division of Corpor Clifton Building	rations		Division of Corporations P.O. Box 6327		
2661 Executive Ce	enter Circle		Tallahassee, FL 32314		
Tallahassee, FL 3		rana	Tananassee, 1 E 32514		
Enclosed is a check for the	following amount:				
■ \$70.00 Filing Fee	3 \$78.75 Filing Fee &	□ \$78.75 Filing	;Fee &	\$87.50 Filing Fee,	
	Certificate of Status	Certified Cop	ny .	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. Studies Weekly Inc 1. (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) 87-0554397 (FEI number, if applicable) (State or country under the law of which it is incorporated) 08/20/1996 (Date of duration, if other than perpetual) (Date of incorporation) 10/1/2014 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1140 N 1430 W Orem, UT 84057 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Kim Mogilevsky Name: 1903 S Congress Ave, Suite 380 Office Address: Boynton Beach

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.

(City)

(Registered agent's signature)

(Zip code)

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. DIRI	ECTORS	
Chairman	:	
Address:		
Vice Chai	rman:	
Address:		
-		
Director:		
Address:		
Director		
		5
Address:		SP I
		P 25
B. OFF		mg B
President:	Edward Rickers	For o
Address:	1140 N 1430 W	∞
	Orem, UT 84057	
	Celeste Rickers	
Vice Pres	Ident:	
Address:	Orem, UT 84057	
Secretary:	Steve Rasmussen	
Address:	1140 N 1430 W	
	Kevin Carter	
Treasurer	1140 N 1430 W Orem, UT 84057	· · · · · · · · · · · · · · · · · · ·
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional officer	s and/or directors.
12	Sen free	
The offic	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms the	nat the facts stated herein
are true a	nd that he or she is aware that false information submitted in a document to the Depart	
a third de	egree felony as provided for in s.817.155. P.S.	_
13	(Typed or printed name and capacity of person signing application)	<u>Y</u>
	(1) ped of printed name and capacity of person signing application)	



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

09/22/2015 1322384-014209222015-3157410

CERTIFICATE OF EXISTENCE

Registration Number:

1322384-0142

Business Name:

STUDIES WEEKLY, INC.

Registered Date:

August 20, 1996

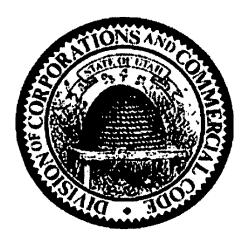
Entity Type:

Corporation - Domestic - Profit

Current Status:

Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Hathy Berg

Kathy Berg Director

Division of Corporations and Commercial Code