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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 2, 2015

JAMES GIBSON 802 NW 5TH AVENUE #100 GAINESVILLE, FL 32601

SUBJECT: COLLEGEWHIZ, INC. Ref. Number: W15000065746

We have received your document for COLLEGEWHIZ, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$70.00.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

FILL OUT AND SIGN LAST PAGE WITH AT LEAST ONE DIRECTOR/OFFICER NAME PERSON SIGNING MUST BE ONE OF PEOPLE LISTED.

Please return 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) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 415A00020912

www.sunbiz.org

COVER LETTER

RECEIVED

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SECRETARION STALLANDASSEE, FIREMANASSEE, FI

Certified Copy

TO:	Registration Se	ection		I ALLAMASSEE, EL CORT	
	Division of Co				
	CollegeV	•			
SUBJ	JECT:				
		Name of corpora	tion - must include suffix		
Doon 6	Cir or Modom:				
Dear	Sir or Madam:				
"Certi	ficate of Existen	tion by Foreign Corporation ce," or "Certificate of Good gn corporation to transact bu	Standing" and check are sul		
	return all corres Gibson	pondence concerning this m	atter to the following:		
		Name	of Person		
Colleg	eWhiz, Inc.				
		P: #	<u> </u>		
802 N	W 5TH AVE #100		Company		
		A	ddress		
Gaines	wille, FL, 32601				
		C'4-/64-	A	111 80081	
iames@	@quottly.com	City/Sta	te and Zip code		
		E-mail address: (to be us	sed for future annual report	notification)	
For fu	rther information	concerning this matter, plea	ise call:		
10		concoming and matter, pre-			
	N. CD	at (Code Daytime Telep	1 1	
	Name of Perso	on Area	Sode Daytime Leiep	none Number	
	STREET/COL	IRIER ADDRESS:	MAILING A	DDRESS	
STREET/COURIER ADDRESS: Registration Section				Registration Section	
Division of Corporations			Division of Corporations		
Clifton Building			P.O. Box 6327		
2661 Executive Center Circle			Tallahassee, FL 32314		
	Tallahassee, Fl	_ 32301			
Enclos	sed is a check for	the following amount:			
= \$70	0.00 Filing Fee	☐ \$78.75 Filing Fee &	☐ \$78.75 Filing Fee &	□ \$87.50 Filing Fee,	
_ 4/1		Certificate of Status	Certified Copy	Certificate of Status &	

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. CollegeWhiz, Inc. 1. (Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "lnc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 47-5024857 Delaware (FEI number, if applicable) (State or country under the law of which it is incorporated) January 30, 2015 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 802 NW 5TH AVE #100, Gainesville, FL, 32605 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: Loxahatchee (City) 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.

Sara Brautigam on behalf of Incorp Services, Inc

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. Name	s and business addresses of officers and/or directors:		
€ADIREC	CTORS		
Chairman:	Melissa Guzy		
Address: _	7768 happeside Blud		
	Boca Raton, FC, 33434		
	nan:		
Address			H 1811
_	Tune Cities		
Director: _	Jumes C. Gibson		
Address: _	3601 NW 19th St Gumesville, FL 32605		
_	Gramesville, PC, 3260)		
Director: _			
Address: _			
_			
BOFFIC	CERS	Pro 😕	, n
President:	Melissa Guzy		0
Address:	7768 Lukeside Blud	OCT NAME OF THE PARTY.	APETELINISM — APETELINISM
	Boca Ruton, FL, 33434	デ デ で で の で の で の し の し の り り り り り り り り り り り り り り り	
	ent:	F.C.	D
		ATE -	•
Address			
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Address: _	<u> </u>		
	necessary, you may attach an addendum to the application listing additional offic		ctors.
12.	Signature of Director or Officer /	······································	
The office	for director signing this document (and who is listed in number 11 above) affirms	that the facts s	
	d that he or she is aware that false information submitted in a document to the Depree felony as provided for in s.817.155, F.S.	partment of Stat	te constitutes
_	Tymes Gibson Diactor (Ayped or-printed name and capacity of person signing application)		
	(Typed or-printed name and capacity of person signing application)	7	

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COLLEGEWHIZ, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF SEPTEMBER, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

e at coro delaware gov/au

Authentication: 10103371

Date: 09-21-15