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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K.SALY EXAMINER NOV 19 2015

## **COVER LETTER**

TO: Registra Division						
SUBJECT: N	ational Te	acher Associates,	Inc.			
sebuner		Name	of corporati	on - m	ust include suffix	_
Dear Sir or Mada	am:					
	xistence,	" or "Certificate	of Good St	tanding	g" and check are sub	ct Business in Florida," mitted to register the
Please return all Derik Sanders	correspo	ndence concern	ing this mat	ter to t	he following:	
			Name o	of Pers	on	
National Teacher	Associate	s, Inc.				
4949 Keller Sprin	gs Road		Firm/Co	mpan	у	
			Ade	dress		
Addison, TX 7500	01					
derik.sanders@nta	alife.com		City/State	and Z	ip code	
<del></del>	<del></del> -	E-mail address	: (to be use	d for f	uture annual report r	notification)
For further infor	mation c	oncerning this m	natter, pleas	e call:		
Derik Sanders			469	, :	375-7632	
Name o	f Person		Area Co	ode	Daytime Telepl	none Number
Registra Division Clifton E	tion Sect of Corp Building ecutive C	orations Center Circle	S:		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclosed is a che	ck for th	e following amo	ount:			
Ø \$70.00 Filing	Fee	S78.75 Filin Certificate of			8.75 Filing Fee & ertified 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.

(If name unavail	oble in Florida, enter alternate corporate nam	ne adopt	ted for the purpose of transacting business in Florida)	•
Delaware		75-2	2508258	
	y under the law of which it is incorporated)	ے۔ 5.	(FEI number, if applicable)	-
• • • • • • • • • • • • • • • • • • • •	of incorporation)		(Date of duration, if other than perpetual)	-
. 4949 Keller Sprii	(Date first transacted busines: (SEE SECTIONS 607.1501 & 607 ogs Rond, Addison, TX 75001 (Prin	7.1502, F		2015 NOV
	(Current ma	iling add	dress, if different)	18
		DA Da	ox NOT acceptable)	P
. Name and stree	et address of Florida registered agent: (I	r.O. Du		
3. Name and <u>stree</u> Name:	Capitol Corporate Services, Inc.		T.O.	S F
Name:			TLORIO F	
	Capitol Corporate Services, Inc.		- 32301 . Florida	<b>温。い</b>

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.

Jason Fischer, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

(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  Wade Rugenstein  Chairman:  4949 Keller Springs Road  Addison, TX 75001  Brian M. Ellard  Vice Chairman:  4949 Keller Springs Road  Address:  4949 Keller Springs Road  Address:  Addison, TX 75001
Addison, TX 75001  Brian M. Ellard  Vice Chairman:  4949 Keller Springs Road  Address:
Addison, TX 75001  Brian M. Ellard  Vice Chairman:  4949 Keller Springs Road  Address:
Wice Chairman:  Brian M. Ellard  Vice Chairman:  4949 Keller Springs Road  Address:
Vice Chairman:
4949 Keller Springs Road Address:
Director:
Address:
Director:
Address:
Address.
B. OFFICERS
Steve Murphy
President:  4949 Keller Springs Road
Address: Addison, TX 75001
Vice President:
Address:
Steve Murphy Secretary:
4949 Keller Springs Road, Addison, TX 75001
Address:
Treasurer:
Address:
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 11 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.  Wade Rugenstein, Director & Chief Executive Officer
(Typed or printed name and capacity of person signing application)

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "NATIONAL TEACHER ASSOCIATES, 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-EIGHTH DAY OF

OCTOBER, 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.

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Authentication: 10313536

Date: 10-28-15

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