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## **COVER LETTER**

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TO:	Registration Section	
	Division of Corporations	
SUBJ	International Scholarship and Tuition Services, Inc.	
	Name of corporation - must include suffix	
Dear S	Sir or Madam:	
"Certif	nclosed "Application by Foreign Corporation for Authorization to Transact Busin ficate of Existence," or "Certificate of Good Standing" and check are submitted referenced foreign corporation to transact business in Florida.	
Please	return all correspondence concerning this matter to the following:	
	Jennifer Fisher	
	Name of Person	
Interna	ational Scholarship and Tuition Services, Inc.	國重卫
	Firm/Company	SSA TO M
1321 N	Murfreesboro Road, Suite 800	門名里口
Nashvi	Address ille, TN 37217	100 % O
	City/State and Zip code	<u>77</u>
jfisher(	@applyists.com	
	E-mail address: (to be used for future annual report notifica	tion)
For fur	rther information concerning this matter, please call:	,
Jennife	er Fisher 615 777-3730	
	Name of Person Area Code Daytime Telephone N	umber
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRE Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32301	ons
Enclos	sed is a check for the following amount:	
<b>57</b> (	Certificate of Status Certified Copy C	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.	International Sc	holarship and Tuition Services, Inc.				
		orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
	(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting by	usiness in Florida)		
2.	Tennessee	Tennessee 62-124-7492				
	(State or country August 27, 1985	State or country under the law of which it is incorporated) (FEI number, if applicable) ugust 27, 1985				
4. (Date of incorporation) 5. (Date of duration, if other the			n perpetual)			
6.	to begin 11/1/2015					
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.156 ro Road, Suite 800, Nashville, TN 37217	Florida, if prior to registration) O2, F.S., to determine penalty liability)	SECRI TALLY		
··.		NA PARTIE				
			g address, if different)	PH 30		
8.	Name and stree	et address of Florida registered agent: (P.O. Stanley Blaine	. Box <u>NOT</u> acceptable)	33		
Oi	ffice Address:	85 Tamarac Avenue				
		Ponte Vedra	32081 . Florida			
		(City)	(Zip code)			

### 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.

Stanley Slaine (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: Director: \_\_ Address: **B. OFFICERS** Rebecca Sharpe President: 6120 Montcrest Dr. Address: Nashville, TN 37215 Vice President: Michael Sharpe Secretary: 6120 Montcrest Dr., Nashville, TN 37215 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 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. 13. \_\_\_\_\_

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



## STATE OF TENNESSEE Tre Hargett, Secretary of State

**Division of Business Services** William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

JENNIFER FISHER

SUITE 800

1321 MURFREESBORO ROAD

NASHVILLE, TN 37217

Request Type: Certificate of Existence/Authorization

Request #:

0184825

Issuance Date: 11/12/2015

Copies Requested:

November 12, 2015

**Document Receipt** 

Receipt #: 002308330

Payment-Credit Card - State Payment Center - CC #: 165828554

Filing Fee:

\$22.25

\$22.25

Regarding:

INTERNATIONAL SCHOLARSHIP AND TUITION SERVICES, INC.

Filing Type:

For-profit Corporation - Domestic

Control #:

160639

Formation/Qualification Date: 08/27/1985

Date Formed:

08/27/1985

Status:

Active

Formation Locale: TENNESSEE

**Duration Term:** 

Perpetual

Business County: DAVIDSON COUNTY

Inactive Date:

#### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

## INTERNATIONAL SCHOLARSHIP AND TUITION SERVICES, INC

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

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