

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dearing Volleyball School 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:

Joel B. Dearing
Name of Person
Firm/Company
69 The Laurels
Address
Enfield, CT 06082
City/State and Zip code
jbdearing@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel B. Dearing at (413) 883-3696
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified 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.

1. Dearing Volleyball School, Inc.
(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)

2. Massachusetts 3. 04-3194433
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 24, 1993 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 69 The Laurels, Enfield, CT 06082
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENTS INC.

Office Address: 3030 N. Rocky Point Drive, STE 150A
TAMPA, Florida 33607
(City) (Zip code)

RECEIVED
16 SEP 22 AM 10:01
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-01-2001 BY SP-10/STP/STP

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.

Bill Havre Bill Havre/Secretary/Registered Agents 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

Chairman: Joel B. Dearing

Address: 69 The Laurels, Enfield, CT 06082

Vice Chairman: NA

Address: _____

Director: Dianne Dearing

Address: 69 The Laurels, Enfield, CT 06082

Director: _____

Address: _____

B. OFFICERS

President: Joel B. Dearing

Address: 69 The Laurels, Enfield, CT 06082

Vice President: NA

Address: _____

Secretary: Dianne Dearing

Address: 69 The Laurels, Enfield, CT 06082

Treasurer: Joel B. Dearing

Address: 69 The Laurels, Enfield, CT 06082

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Joel B. Dearing
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. Joel B. Dearing, President

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

16 SEP 22 AM 10:01
STATE OF FLORIDA



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

August 31, 2016

TO WHOM IT MAY CONCERN:

I hereby certify that according to records in this office,

DEARING VOLLEYBALL SCHOOL, INC.

was incorporated under the General Laws of this Commonwealth on **May 24, 1993.**

I further certify that no amendments to the Articles of Organization appear of record here and said corporation still has legal existence.

16 SEP 22 AM 11:01
RECEIVED
SECRETARY OF THE COMMONWEALTH



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth