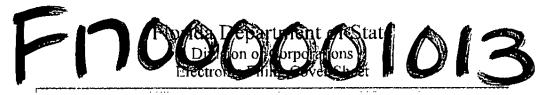
3/3/2017 1:51:43 PM PST

13239628300 From: Amanda Sando Page 1 of 2

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZCOM.COM INC.

Account Number : 120010000062 : (323) 962-8600

: (323) 962-3889 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION THE VETERANS EDUCATION FOUNDATION, INC.

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3/3/2017

## **COVER LETTER**

|   | gistration S<br>vision of C | ection<br>orporations   | ••                             |                |   |
|---|-----------------------------|---|--------------------------------|----------------|---|
| SUBJECT   | The Veter                   | ans Education Foundation, Inc.  |                                | •              |   |
| SUBJEC.   | £ •                         | Name of Corporation   | n – must inclu                 | de suffix      |   |
| Dear Sir or   | Madam:                      |   |                                |                |   |
| Affairs in F  | lorida", "Ce                | tion by Foreign Not for Profit<br>ertificate of Existence", or "Co<br>enced not for profit corporation                                    | ertificate of Sta              | atus" and che  | eck are submitted to  |
| Please retui  | m all corres                | pondence concerning this mat  | ter to the follo               | wing:          |   |
|   | Cheyen                      | ne Moseley  |                                |                |   |
|   | <del></del>                 | Name of   | Person                         |                |   |
|   | Legalzo                     | om.com, Inc.  |                                |                |   |
|   |                             | Firm/Co   | отрапу                         | ·· <u>·</u>    |   |
|   |                             |   |                                |                |   |
|   | 101 N E                     | rand Blvd 10th Floor  |                                |                |   |
|   |                             | Add   | ress -;                        | <del></del>    |   |
|   | Glendal                     | e, CA 91203   |                                |                |   |
|   |                             | Clty/State an   | d Zip Code                     |                | ······································                          |
|   | usma 198                    | 2pete@yahoo.com   |                                |                |   |
|   | E-n                         | nail address: (to be used for fi  | ture annual re                 | port notifical | tion)   |
| For further   | information                 | concerning this matter, pleas   | e call:                        |                |   |
| Cheyenne h  | Moseley                     | at (  | 300 77                         | 3-0888 ext 97  | 24<br>ephone Number   |
|   | Name                        | of Person A   | Area Code                      | Daytime Tele   | phone Number  |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Fl. 32314 |                             | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |                                |                |   |
| Enclosed is   | a check for                 | the following amount:   |                                |                |   |
| □ \$70.00 F   | Filing Fee                  | ☐\$78.75 Filing Fee &<br>Certificate of Status  | ■\$78.75 Fillin<br>Certified C |                | S87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| the name at p   |  |   |  |
|---|--|---|--|
| If name unav  | ailable in Florida, enter alternate con  | rporate name adopted for the purpose of transacting busine  | ss in Florida)   |
| Delaware  |  | 3.  |  |
| (State or con   | ntry under the law of which it is inc  | orporated) 3. (FEI number, if applicable)   |  |
| 2/5/2014  |  | 5 (Date of duration, if other than per  |  |
| (1  | Date of Incorporation)   | (Date of duration, if other than per  | petual)  |
| 01/23/2017  |  |   |  |
| Date first cond   | ucted affairs in Florida if prior to regi  | istration. See sections 617,1301 & 617,1302, F.S. to determin   | ne penalty liability.)   |
| 106 13th Stree  | t, Belleair Beach, FL 33786  |   |  |
|   |  | (Principal office address)  |  |
| 107 130 0   |  |   |  |
|   | . D-11   |   |  |
| 106 13th Stree  | t, Belleair Beach, FL 33786  | rent mailing address, if different)   |  |
| 100 1311 Stree  | ,  | rent mailing address, if different)   |  |
|   | (Сип   |   |  |
|   | (Сип   |   | rinent.  |
|   | (Сип   | rent mailing address, if different)  c unemployed veterans in order to help them obtain employ te or country to be carried out in the state of Florida)   | .;   |
| Fo provide co<br>Purpose(s) of  | (Currenge of the corporation authorized in home state  |   | ment.  |
| Fo provide co<br>Purpose(s) of  | (Currenge of the corporation authorized in home state  | e unemployed veterans in order to help them obtain employ<br>te or country to be carried out in the state of Florida)   | .;   |
| Fo provide co<br>Purpose(s) of<br>Name and <u>str</u><br>Name:  | (Currently of the corporation authorized in home state eet address of Florida registered Peter Hidalgo   | e unemployed veterans in order to help them obtain employ<br>te or country to be carried out in the state of Florida)   | MAR -3   |
| Fo provide co<br>Purpose(s) of<br>Name and <u>str</u><br>Name:  | (Cum mputer and job skills training to the corporation authorized in home state eet address of Florida registered  | e unemployed veterans in order to help them obtain employ<br>te or country to be carried out in the state of Florida)<br>if agent: (P.O. Box <u>NOT</u> acceptable)   | MAR -3 AH  |
| Fo provide co<br>Purpose(s) of<br>Name and <u>str</u><br>Name:  | (Cum mputer and job skills training to the corporation authorized in home state eet address of Florida registered Peter Hidalgo 106 13th Street Belleair Beach   | e unemployed veterans in order to help them obtain employ<br>te or country to be carried out in the state of Florida)   | MAR -3 AH  |
| Fo provide co<br>Purpose(s) of<br>Name and <u>str</u><br>Name:  | (Cum mputer and job skills training to the corporation authorized in home state eet address of Florida registered  Peter Hidalgo 106 13th Street   | to unemployed veterans in order to help them obtain employer or country to be carried out in the state of Florida)  If agent: (P.O. Box NOT acceptable)   | MAR -3 AH  |
| Fo provide co Purpose(s) of Name and str  Name: The Address: Registered   | (Cum mputer and job skills training to the corporation authorized in home state eet address of Florida registered  Peter Hidalgo  106 13th Street  Belleair Beach  (City)  | to unemployed veterans in order to help them obtain employ te or country to be carried out in the state of Florida)  if agent: (P.O. Box NOT acceptable)  | MAR -3 AH 9: 48  |
| Fo provide co Purpose(s) of Name and str Name: ice Address: Registered ving been not lighter to the street of the | mputer and job skills training to the corporation authorized in home state eet address of Florida registered  Peter Hidalgo  106 13th Street  Belleair Beach  (City)  I agent's acceptance: amed as registered agent and to also application, I he provisions of | to unemployed veterans in order to help them obtain employer or country to be carried out in the state of Florida)  If agent: (P.O. Box NOT acceptable)   | FILED STATE PLANT OF ALL OF AL |
| Fo provide co Purpose(s) of Name and str Name: ice Address: Registered ving been not lighter to the street of the | mputer and job skills training to the corporation authorized in home state eet address of Florida registered  Peter Hidalgo  106 13th Street  Belleair Beach  (City)  I agent's acceptance: amed as registered agent and to also application, I he provisions of | the appointment as registered agent and agree to use of the proper and complete perfective or the proper and complete perfective of the proper and complete perfective of the proper and complete perfective to the perfective to | FILED FALL OF STATE PLACE  THAR -3 AH 9: 48 place or at the place or in this capacity.   |

jurisdiction under the law of which it is incorporated.

A. DIRECTORS

| To. | Page | ĸ | of |
|-----|------|---|----|

| 12 | Names | and add | acese of | officers | and/or | directors |
|----|-------|---------|----------|----------|--------|-----------|
|    |       |         |          |          |        |           |

| Chairma  | n:  |                 |             |
|----------|---|-----------------|-------------|
| Address  | ·   |                 |             |
|          |   | <u></u>         | ·           |
| Vice Ch  | airman:   | <del></del>     |             |
| Address  |   | <u></u>         |             |
| Director | Martin Harte  | <u> </u>        | <del></del> |
|          | 106 13th Street, Belleaic Beach, Ft. 33786  |                 |             |
| Address  |   |                 |             |
| Director |   |                 |             |
|          |   |                 |             |
|          |   |                 |             |
| B. OF    | FICERS  |                 |             |
| Presiden | Peter Hidalgo, Jr.  |                 |             |
| Address: | 106 13th Street, Bellegir Beach, FL 33786   |                 |             |
|          |   |                 | <del></del> |
| Vice Pre | rsident;  | •               |             |
|          |   | <del>20</del>   | 7.6         |
|          |   | ယ               |             |
| Secretar | Theodore Gustitus   | 7               | 396         |
| Address  | 106 13th Street, Belleair Beach, FL 33786   |                 | 22          |
|          | Martin Harte  | Cas             |             |
| Address  | 106 13th Street, Belleair Beach, FL 33786   |                 |             |
| Address. | :   |                 |             |
| NOTE:    | If necessary, you may attach an addendum to the application listing additional officers and | d/or directors. |             |
| 13       | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applie     | cation)         | _           |
| , Pe     | ther Hidalgo, Jr., President  |                 |             |
| 14.      | (Typed or printed name and capacity of person signing application)                          |                 | <del></del> |

(ic)

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE VETERANS EDUCATION FOUNDATION, 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFCRESAID CORPORATION IS AN EXEMPT CORPORATION.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE VETERANS EDUCATION FOUNDATION, INC." WAS INCORPORATED ON THE FIFTH DAY OF FEBRUARY, A.D. 2014.

5477568 8300C SR# 20170883877

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202034718

Date: 02-14-17