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(Address)

(City/State/Zip/Phone #)

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FILED
SECRETARY OF STATE
J. HARRIS

MAR 30 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

STUDENT ADMINISTRATION AND MANAGEMENT SERVICES INC.

SUBJECT: _____
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:
DANIEL R FERRY

Name of Person
c/o STUDENT ADMINISTRATION AND MANAGEMENT SERVICES INC.

Firm/Company
28350 198th STREET

Address
PIERRE, SD 57501

City/State and Zip code
danftasinc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL R FERRY 605 945 0165

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.*

STUDENT ADMINISTRATION & MANAGEMENT SERVICES INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. _____ 3. _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
DELAWARE 52-2119254
(State or country under the law of which it is incorporated) (FEI number, if applicable)
09/02/1998
4. _____ 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)
68 KELVEDON CLOSE, CHELMSFORD, ESSEX CM1 4DG, UK
7. _____
(Principal office address)

(Current mailing address, if different)

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

Name:

C.T. Corporation System

Office Address:

1200 South Pine Island Road

PLANTATION

(City)

, Florida 33324
(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.

Original Signature Attached /s/ Carline Smith

(Registered agent's signature)

Vice President & Assistant Secretary

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.

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FILED
SECRETARY OF STATE
STATE OF FLORIDA

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REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. STUDENT ADMINISTRATION & MANAGEMENT SERVICES 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. DELAWARE 3. 52-2119254
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/02/1998 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. 68 KELVEDON CLOSE, CHELMSFORD, ESSEX CM1 4DG, UK
(Principal office address)
- _____
(Current mailing address, if different)

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

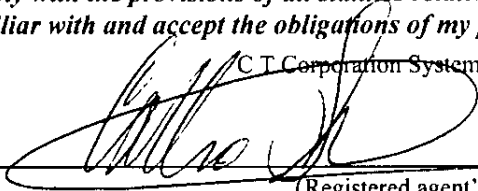
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

9. Registered agent's acceptance:

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By:  **Carline Smith**
(Registered agent's signature) **Vice President & Assistant Secretary**

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.

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FILED
DEPARTMENT OF STATE
CORPORATION DIVISION

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

JOHN CULLIS

Chairman:

FROST HILL FARM, OVERTON, HAMPSHIRE RG25 3EE, UK

Address:

Vice Chairman:

Address:

MICHAEL DEAN

Director:

13100 SHIRE LANE, FORT MYERS, FL 33912

Address:

RICHARD ROSE

Director:

4 THE SQUARE, STOCK, ESSEX CM4 9LG, UK

Address:

B. OFFICERS

LIAM McGIVERN

President:

68 KELVEDON CLOSE

Address:

CHELMSFORD, ESSEX CM1 4DG, UK

Vice President:

Address:

DANIEL R FERRY

Secretary:

28350 198th STREET, PIERRE, SD 57501

Address:

LIAM McGIVERN

Treasurer:

68 KELVEDON CLOSE, CHELMSFORD, ESSEX CM1 4DG

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.

13.  PRESIDENT

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

FILED
DEPT. OF STATE
17 FEB 28 PM 2:21

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "STUDENT ADMINISTRATION AND MANAGEMENT SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE SECOND DAY OF SEPTEMBER, A.D. 1998, AT 1:05 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.




Jeffrey W. Bullock, Secretary of State

2940485 8315

SR# 20171756814

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

Authentication: 202192768

Date: 03-14-17