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To:

Division of Corporations

Fax Number : (350) 617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000050023 Phone : (614)280-3338 Fax Number : (954)208-0845 Fax Number

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FOREIGN PROFIT/NONPROFIT CORPORATION

American Conference Institute, Inc.

Certificate of Status	0
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Page Count	06
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K. SALY AUG - 1 2017

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COVER LETTER

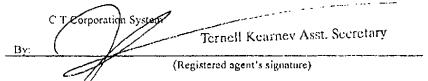
SOBJET: American Co	onference institute Inc	
	onference Institute, Inc. Name of corporation - must include suffix	
	•	
Dear Sir or Madam:		
"Certificate of Existence,"	n by Foreign Corporation for Authorization to Transact Business in Flor "or "Certificate of Good Standing" and check are submitted to register teorporation to transact business in Florida.	
Please return all correspon	ndence concerning this matter to the following:	
	Name of Person	
	Firm/Company	
***************************************	Address	
***************************************	City/State and Zip code	
CLS-AnnualReportFilingTea	ain@wollerskluwer.com	
	E-mail address: (to be used for future annual report notification)	
The Coal State	oncerning this matter, please call:	
For turner information co.	•	
nor turner information co.		
	at ()	
Name of Person	at ()	
	MER ADDRESS: on Registration Section rations Division of Corporations P.O. Box 6327 enter Circle Tallahassee, FL 32314	
Name of Person STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	HER ADDRESS: on Registration Section rations Division of Corporations P.O. Box 6327 center Circle Tallahassee, FL 32314	•

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.

/C-+	erporation; must include "INCORPORATE	n i	L WOOMBANIV TO WOOD DOD A PRONET	
	Corp," "Inc," "Co," or "Corp.")	υ,	CONFANT, CORPORATION,	
if name unavai	able in Florida, enter alternate corporate nan	ne i	adopted for the purpose of transacting business in Florida)	
New York		3.	93-0116207	
(State or count	ry under the law of which it is incorporated)		(FEI number, if applicable)	
03/04/1988		5.	Perpetuai	
	e of incorporation)		(Date of duration, if other than perpetual)	
11/15/2005				
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607		Piorida, it prior to registration) 602, F.S., to determine penalty liability)	
	(SEE SECTIONS 607.1501 & 607 eet, 11th Floor, NY 10010 (Prin	7.15 icip	al office address)	2017 JUL
ame	(SEE SECTIONS 607.1501 & 607 eet, 11th Floor, NY 10010 (Prin	7.15	at office address) g address, if different)	2017 JUL 31 AK 10
ame	(SEE SECTIONS 607.1501 & 607 eet, 11th Floor, NY 10010 (Prin (Current ma	7.15	at office address) g address, if different)	2017 JUL 31 AK 10: 1
same Name and s <u>tre</u>	(SEE SECTIONS 607.1501 & 607 eet, 11th Floor, NY 10010 (Prin (Current ma	7.15	al office address) g address, if different)	2017 JUL 31 AK 10: 13
same Name and s <u>tre</u> Name:	(SEE SECTIONS 607.1501 & 607 eet, 11th Floor, NY 10010 (Prin (Current ma et address of Florida registered agent: (I	7.15	at office address) g address, if different)	2017 JUL 31 AM 10: 13

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.



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.

	2017 1111 0
11. Names and business addresses of officers and/or directors:	2017 JUL 31 AM 10: 13
A. DIRECTORS SEE ATTACHMENT	MILAHASSEF, FLORIDA.
Chairman:	SCI - FLORID.
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS SEE ATTACHMENT	
President: Toby Belman	
Address: 45 West 25th Street	
i 1th Floor, NY 10010	
Vice President:	
Aridress:	
Secretary:	
Address:	<u> </u>
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing a	idditional officers and/or directors.
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 are true and that he or she is aware that false information submitted in a document third degree felony as provided for in s.817.155, F.S.	above) affirms that the facts stated herein nent to the Department of State constitutes
13. David Gray, CFO	The state of the s
(Typed or printed name and capacity of person signing	g application)

2017 JUL 31 AM 10: 13
TALLAHASSEE FLORID,

Attachment to Florida Officers & Directors

Full Name: David Gray Officer/Director: Officer

Officer's Title: CFO

Director's Title:

Business Address: 45 West 25th Street

City: 11th Floor

NY State: ZIP Code: 10010

2 Full Name: Toby Belman

Officer/Director: Officer, Director Officer's Title: CEO/President

Director's Title: Director

Business Address: 45 West 25th Street

City: 11th Floor

State: NY ZIP Code: 10010

State of New York Department of State } ss

I horeby certify, that the Certificate of Incorporation of AMERICAN CONFERENCE INSTITUTE, INC. was filed on 03/04/1988, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing porporation.



201706266016 - 32

Witness my hand and the official seal of the Department of State at the City of Albany, this 23rd day of June two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

