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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

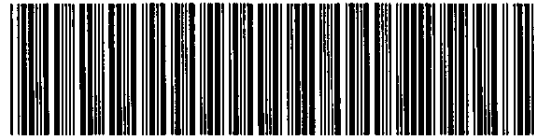
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

reject cert assign W16-82543

Office Use Only



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17 APR 17 PM 4:42

O SIMMONS
APR 17 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2017 APR 17 PM 4:45
JOURNAL OF THE
TALLAHASSEE, FLORIDA

March 8, 2017

KIMBERLY DAVIS
PO BOX 594
NEW YORK, NY 10037

SUBJECT: TECH ED SOLUTIONS, INCORPORATED
Ref. Number: W16000082543

We have received your document for TECH ED SOLUTIONS, INCORPORATED and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 717A00004485



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2016

KIMBERLY DAVIS
PO BOX 594
NEW YORK, NY 10037

SUBJECT: TECH ED SOLUTIONS, INCORPORATED
Ref. Number: W16000082543

2017 MAR -7 PM 12:09
TALLAHASSEE, FLORIDA

We have received your document for TECH ED SOLUTIONS, INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 316A00026265



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2017 JAN 10 PM 2:46

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

December 9, 2016

KIMBERLY DAVIS
PO BOX 594
NEW YORK, NY 10037

SUBJECT: TECH ED SOLUTIONS, INCORPORATED
Ref. Number: W16000082543

We have received your document for TECH ED SOLUTIONS, INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 316A00026265

COVER LETTER

TO: Registration Section
Division of Corporations
Tech Ed Solutions, 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:
Kimberly Davis

_____	Name of Person
Tech Ed Solutions, Inc.	
_____	Firm/Company
PO Box 594	
_____	Address
New York, NY 10037	
_____	City/State and Zip code
info@techedsolutions.org	

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

For further information concerning this matter, please call:

Kimberly Davis	347	559-7154
_____	at (_____)	_____
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.

TECH ED SOLUTIONS, INC.,

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

KDTECH ED SOLUTIONS, INCORPORATED

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
NEW YORK 81-3035554

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
JUNE 22, 2016

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

N/A

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

7. 3451 Technological Ave, Ste 11, Orlando, FL 32817
(Principal office address)

PO Box 1763, Winter Park, FL 32790
(Current mailing address, if different)

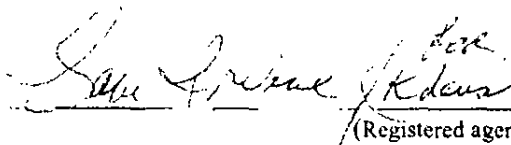
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Florida Realty Investments Property Management, LLC

Office Address: 3451 Technological Ave, Ste 11
Orlando, Florida 32817
(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.


(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: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

17 APR 17 PM 4:14:12

B. OFFICERS

KIMBERLY DAVIS

President: _____

Address: PO Box 1763, Winter Park, FL 32790

CARMEN OULAHAN

Vice President: _____

Address: PO Box 594, Ny, Ny 10037

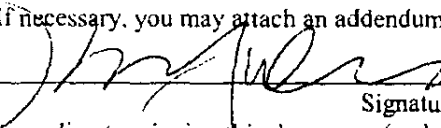
Secretary: _____

Address: _____

Treasurer: _____

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. Kimberly Davis

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

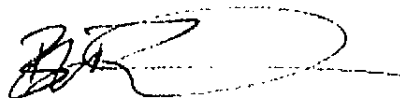
State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of TECH ED SOLUTIONS, INC. was filed on 06/22/2016, under the name of CHASE A DREAM TECHNICAL TRAINING CENTER, INC., 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 corporation. I further certify the following:

A certificate changing name to TECH ED SOLUTIONS, INC. was filed on 11/02/2016.

I further certify that no other documents have been filed by such corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 15th day of February two
thousand and seventeen.*



*Brendan W. Fitzgerald
Executive Deputy Secretary of State*