F20000001/4

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	:#)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
(Dod	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
		



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2620 FKB 10 P 5: 51

JAN 27 000) T. LEMIEUX January 10, 2020

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE:

College Publications Inc.

Document Number: P19000068357

Application by Foreign Corporation for Authorization to Transact Business in Florida

Dear Sir/Madam:

On August 26, 2019, College Publications Inc. was erroneously formed as a Florida For Profit Corporation. The intent was to file it as a foreign corporation which is authorized to transact business in the State of Florida. As such, I have filed Articles of Dissolution dated January 10, 2020. Attached hereto, is the Application By Foreign Corporation for Authorization to Transact Business in Florida. This letter shall serve as my formal release of the corporate name: College Publications Inc. so that said name can now be used for the foreign corporation registered to do business in Florida.

Thank you in advance.

Mayra Farnelli, President College Publications Inc.

COVER LETTER

TO:		tration Section on of Corporations				
SUBJ	ECT:	College Publications Inc.				
Name of corporation - must include suffix						
Dear S	ir or M	adam:				
"Certif	icate of	"Application by Foreign Corp Existence," or "Certificate of ced foreign corporation to tra-	f Good Stand	uthorization to Transact Business in Florida," ing" and check are submitted to register the in Florida.		
Please	return (ill correspondence concerning	g this matter t	o the following:		
Dvora '	Weinreb					
			Name of P	erson		
Law Of	ffices of	Dvors M Weinreb PA				
			Firm/Comp	any		
20283	State Ro	ad 7 Suite 400				
			Addres	is		
Boca R	aton, Fl	. 33498				
		·	City/State an	d Zip oode		
dvora@	dwpala	w.com	·	-		
		E-mail address:	(to be used fo	r future annual report notification)		
For fu	ther in	formation concerning this ma	iter, please ca	U :		
Dvora	Weinrel) 8	t (⁹⁵⁴	274-7730		
	Nam	of Person	Area Code	Daytime Telephone Number		
	Regis Divis The C 2415	CET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Plouse	make ch	check for the following amount of the control of th	PARTMENT Fee &	OF STATE \$78.75 Filing Fee & Certified Copy Certified Copy Certified Copy		



January 27, 2020

DVORA WEINREB 20283 STATE RD 7 STE 400 BOCA RATON, FL 33498

SUBJECT: COLLEGE PUBLICATIONS, INC.

Ref. Number: W20000007471

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

The principal address must be a street address.,

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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 920A00001911

2020 FET 16 PT 2:00

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. College Publica	College Publications, Inc.						
	corporation; must include "INCORPORATED," "(Copp.," "Inc.," "Co.," or "Corp.")	COMPANY," "CORPORAT	ion,"				
College Publica	nions FL, Inc.						
(If name unavai	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
2. PA	PA 3. 20-813-2021						
(State or country under the law of which it is incorporated)		(FEI number, if applicable)					
4. 12/14/2006	5						
	5 5	(Date of duration, if oth	ier than perpetual)				
6							
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	orida, it prior to registration) F.S., to determine penalty lia	bility)				
, 315 Dartmouth E	Or, Jay Park -Bidg 3Marshalls Creek, PA 18335		• ,				
/- <u></u>	(Principal office	treet address)	2				
9571 Carissa Ro	ad, Boyuton Beach, FL 33436		2020				
	(Current mailing a	idress, if different)					
			25 a [
8. Name and stre	et address of Florida registered agent: (P.O. B	ox NOT acceptable)	70				
Name:	Mayra Farnelli						
Office Address:	9571 Carissa Road		<u></u>				
Office Audiess.	Boynton Beach	33436					
	(City)	, Florida 33436(Zip code)					
	(City)	(Exp code)					
Having been nan designated in this further agree to o	ent's acceptance: ned as registered agent and to accept service of s application, I hereby accept the appointment comply with the provisions of all statutes relative r with and accept the obligations of my positions	t as registered agent and a live to the proper and comp	igree to act in this capacity. I				
X	Mary Herry Clar (Registered agent's signa	ture)					
10. Attached is a	certificate of existence duly authenticated, no	imore than 90 days prior to	o delivery of this application to				

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS		•			
Chairman	Name:	Ochiquian	Name:		
□Vice Chairman	9571 Carissa Road Address:	□Vice Chairmon	Address:		
Director	Boynton Beach, FL 33436	□ Director			
President		☐ President			
□Vice President	·	□Vice President			
E Secretary	Treasurer	Secretary	☐ Treasurer		
□Other	□Other	Other	Other		
	·				
Chairman	Name:	Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director		Director			
President		☐ President			
☐ Vice President		☐Vioe President			
☐ Secretary	[]Treasurer	☐ Secretary	☐ Treasurer		
Other		Other			
□ Chairman	Name:	☐ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		☐ Director	· · · · · · · · · · · · · · · · · · ·		
☐ President		☐ President			
□Vice President		□Vice President			
☐Socretary	CTreasurer	☐ Secretary	☐ Treasurer		
Other	□Other	□Other	□Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Elected Department of State Annual Report form. 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. Mayra Farr	nelli		· · · · · · · · · · · · · · · · · · ·		

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

01/09/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

College Publications, Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE COARD OF THE C

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC200109120996-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

01/09/2020

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