F22000002780

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Chitty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700385127487

04/11/22--01021--021 **78.75

2822 MAY - 4 PH 3: 39

COVER LETTER

TO: Registration Section Division of Corporati	ons		
SIPST CIME IX	C.		
SUBJECT: NEXT EDO, IN	Name of corporation -	must include suffix	•
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence." or above referenced foreign cor	poration to transact busines	s in Florida.	Business in Florida," tted to register the
Please return all corresponde	nce concerning this matter	to the following:	
GLENTON GILZEAN, JR.			
	Name of I	Person	
CENTRAL FLORIDA URBA	N LEAGUE		
CEITITO	Firm/Com	pany	- <u>-</u>
2804 BELCO DRIVE			
28(H BELCO DIGTE	Addre		
2000			
ORLANDO, FLORIDA 32808	City/State a	nd Zin code	
_	•	na zip coac	
ggilzean@cful.org; masasso@	sasso-law.com -mail address: (to be used)	for future annual report no	tification)
For further information con	cerning this matter, please of	call:	
Glenton Gilzean, Jr.	at (841-7654 le Daytime Teleph	
Name of Person	Area Coo	le Daytime Teleph	one Number
STREET/COURI Registration Section Division of Corpor The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	on ations ahassee treet, Suite 810	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection rporations
Enclosed is a check for the Please make check payable to \$70.00 Filing Fee	A KLOKIDA DELAKTATEN	T OF STATE S78.75 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.

	poration; must include "INCORPORATED," "(COMPANY " "CORPORATION	•••
(Enter name of cot	poration; must include "INCORPORATED: "p," "Inc," "Co," or "Corp.")		
nic., co., co.	P		
(If name unavailal	ole in Florida, enter alternate corporate name ado	pted for the purpose of transacting	g business in Florida)
DELAWARE		-2835835	
	under the law of which it is incorporated)	(FEI number, if ap	plicable)
3. 24. 21 5		(Date of duration, if other than perpetual)	
(1)ale	(i incorporation)		
	(Date first transacted business in F	lorida, if prior to registration)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2, F.S., to determine penalty liabili	ty)
2804 BELCO DR	(SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2. F.S., to determine penalty liabili	ty)
2804 BELCO DR	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 IVE, ORLANDO, FLORIDA 32808 (Principal office	2, F.S., to determine penalty habiti	ty)
2804 BELCO DR	(SEE SECTIONS 607.1501 & 607.1502 IVE, ORLANDO, FLORIDA 32808	2, F.S., to determine penalty habiti	
2804 BELCO DR	(SEE SECTIONS 607.1501 & 607.1502 IVE, ORLANDO, FLORIDA 32808 (Principal office	2, F.S., to determine penalty habiti	
2804 BELCO DR	(SEE SECTIONS 607.1501 & 607.1502 IVE, ORLANDO, FLORIDA 32808 (Principal office	street address)	
	(SEE SECTIONS 607.1501 & 607.1502 IVE, ORLANDO, FLORIDA 32808 (Principal office) (Current mailing)	street address) address, if different)	
	(SEE SECTIONS 607.1501 & 607.1502 IVE, ORLANDO, FLORIDA 32808 (Principal office (Current mailing et address of Florida registered agent: (P.O.	street address) address, if different) Box NOT acceptable)	
	(SEE SECTIONS 607.1501 & 607.1502 IVE. ORLANDO, FLORIDA 32808 (Principal office (Current mailing et address of Florida registered agent: (P.O. Michael A. Sassso, Esq., Sasso & Sasso, P.A.	street address) address, if different) Box NOT acceptable)	
. Name and <u>stres</u> Name:	(SEE SECTIONS 607.1501 & 607.1502 IVE, ORLANDO, FLORIDA 32808 (Principal office (Current mailing et address of Florida registered agent: (P.O.	street address) address, if different) Box NOT acceptable)	2022 MAY -4 PM 3:
. Name and stres	(SEE SECTIONS 607.1501 & 607.1502 IVE. ORLANDO, FLORIDA 32808 (Principal office (Current mailing et address of Florida registered agent: (P.O. Michael A. Sassso, Esq., Sasso & Sasso, P.A.	street address) address, if different) Box NOT acceptable)	

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.

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

A. DIRECTORS Name: _____ □ Chairman □Chairman Address: 2804 Belco Roll Address: 2804 Belco Roll Address: □ Vice Chairman □Vice Chairman □ Director □ Director Glenton Gilzean, Jr. □President President ☐ Vice President ☐ Vice President ☐ Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □Other _____ Other _____ Other _ Name: _____ □Chairman Name: Chairman Address: ☐ Vice Chairman Ovice Chairman Address: □ Director □ Director □President □President ☐ Vice President □Vice President □ Treasurer □ Secretary Treasurer □ Secretary □Other _____ □Other _____ □ Other _____ □Other _____ Name: Chairman Name: _____ □ Chairman Address: ☐ Vice Chairman □Vice Chairman Address: ______ Director □ Director □ President □ President ☐ Vice President □ Vice President __ ☐ Freasurer ☐ Secretary □ Treasurer □ Secretary □Other _____ Other ______ Other_ ☐ Other ______ he atycopment will be imaged for reporting purposes only. Non-indexed Important Notice: Use an attachment to report more than individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Glenton Gilzean, Jr.

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NEXT EDU, 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 THIRTIETH DAY OF MARCH, A.D. 2022.

5634668 8300 SR# 20221234314 Authentication: 203050876

Date: 03-30-22