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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

3:16

## FOREIGN PROFIT/NONPROFIT CORPORATION Ron Clark Academy, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
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8/19/2024 09:25:55 PDT To: 18506176380 Page: 2/4 Fax: 8134365206

# 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.

"Inc.," "Co.," "C	orporation; must include "INCORPORATED," "Corp," "Inc," "Co." or "Corp.")	COMPANT, CORPORATION,		
(If name unavaila	able in Florida, enter alternate corporate name adop	nted for the purpose of transacting busines	s in Florida)	
GA	3.			
(State or countr	y under the law of which it is incorporated)  5	•		
(Date	of incorporation) 5.	(Date of duration, if other than perp	etual)	
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liability)		
7901 4th	St N STE 300 St. Petersb			
7004 44 0	(Principal office si			
7901 4th S	t N STE 300 St. Petersburg, FL 3			
	(Current mailing ad	dress, if different)	Seny 4707,	
Name and street	<u>et address</u> of Florida registered agent: (P.O. Be	ox <u>NOT</u> acceptable)	1	
Name:	Registered Agents Inc		<del>5</del>	
The Address:	7901 4th St N STE 300	-	PH	
THEC Address.	St. Petersburg	- Florida 33702	표 ()	-
	(City)	_ , Florida <u>33702</u>	<u>~</u>	
Registered age	ent's acceptance:			
aving been nam	ed as registered agent and to accept service of			
rther agree to c	application, I hereby accept the appointment omply with the provisions of all statutes relative with and accept the obligations of my positions.	ive to the proper and complete perfor	in this capac mance of my	rity. Aut
	David Solverts	>		
_	(Registered agent's signat	ure)		

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.

3/19/202	M 09-21	5.55 D	דח

To: 18506176380

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Fex: 8134365206

A. DIRECTORS					
□Chairman	Name: Bearden, Kimberley	□Chairman	Name: Clark, Ron		
□Vice Chairman	7901 4th St N STE 300	□Vice Chairman	Address: 7901 4th St N STE 300		
X!Director	St. Petersburg, FL 33702	LX Director	St. Petersburg, FL 33702		
<b>⊠</b> President		□President			
□Vice President		□Vice President			
☐ Secretary	Treasurer	<b>⊠</b> Secretary	Treasurer		
□Other	Other	□Other	Other		
□Chairman	Name: Barr, Joey	□Chairman	Name:		
□Vice Chairman	Address: 7901 4th St N STE 300	□Vice Chairman	Address:		
<b>∑</b> Director	St. Petersburg, FL 33702	□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	'X'Treasurer	Secretary	Treasurer		
Other	Other	□Other	Other		
□Chairman	Name:	□Chainnan	Name:		
_	Address:	□Vice Chairman	Address:		
Director	<del></del>	□Director	<del></del>		
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ 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 Florida Department of State Annual Report form.  12.  Signature of Director or Officer					
Signature of Diffector of 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.

Control Number: 0542135

### STATE OF GEORGIA

## **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

1, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### THE RON CLARK ACADEMY, INC.

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27812729
Date Inc/Auth/Filed: 06/17/2005
Jurisdiction : Georgia
Print Date : 08/09/2024

Form Number : 211



Brad Raffonsperger

Brad Raffensperger Secretary of State