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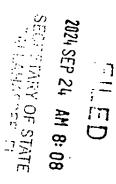
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filling Officer:					

Office Use Only



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## **COVER LETTER**

TO:	istration Section ision of Corporations					
SUBJ	CL STUART INSTITUTE					
SOBI	Name of Corporation – must include suffix					
Dear S	ir or Madam:					
Affair	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida.					
Please	return all correspondence concerning this matter to the following:					
	Young S Nam					
	Name of Person					
	CL STUART INSTITUTE					
	Firm/Company					
	9940 Woodrow St.					
	Address Vienna, VA 22181					
	City/State and Zip Code					
	young.nam@blu.biz					
	E-mail address: (to be used for future annual report notification)					
For fu	ther information concerning this matter, please call:					
Youn	3 S Nam 202 669-3427 at (					
	Name of Person Area Code Daytime Telephone Number					
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					
Picase	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE  .00 Filing Fee S78.75 Filing Fee S78.75 Filing Fee S78.75 Filing Fee, Certificate of Status Certified Copy Certificate of Status S78.75 Filing Fee S78.75 Filing Fee S78.75 Filing Fee, Certificate of Status S78.75 Filing Fee S87.50 Filing Fee, Certificate of Status S78.75 Filing Fee S78.75 Filing Fee S78.75 Filing Fee					



August 13, 2024

YOUNG S NAM 9940 WOODROW ST VIENNA, VA 22181

SUBJECT: CL STUART INSTITUTE Ref. Number: W24000089017

We have received your document for CL STUART INSTITUTE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 324A00012789

RECEIVED SEP 2 4 2024

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

	T INSTITUTE						
import in langua in the name at pr	poration: must include the word "INCORPORATED" or "CORPORATION" or words or abbrevia uage as will clearly indicate that it is a corporation instead of a natural person or partnership if no present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	tions of t so cont	like ained				
C L S	Stuart Institute Incorporated						
(If name unava	vailable in Florida, enter alternate corporate name adopted for the purpose of transacting business	in Flori	da)				
•							
Delaware	3. 99-1619176						
(State or cour	Oblaware 3. 99-1619176  (State or country under the law of which it is incorporated) (FEI number, if applicable)						
February 26, 2	2024 5.						
(E	(Date of Incorporation)  5. (Date of duration, if other than perpendicular duration)	mal)					
Date first cond	nducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine	penalty l	iability.)				
12495 Vatorun	ans Way, Suite 105, Orlando, Florida 32827						
· 13483 Veteran	(Principal office street address)		<del></del>				
	(Timopai vines <u>arres</u> assisso)						
c/o Jennifer Da	Davenport, 3124 N MEADOW CT, MARIETTA, GA 30062						
	(Current mailing address, if different)		<del>-</del>				
	$\omega$	2					
The corporation	tion is organized and shall be operated exclusively for exempt purposes within the meaning of Se	ction=301	(c)3				
(Purpose(s) of	of corporation authorized in home state or country to be carried out in the state of Florida)	-55	77				
	tion is organized and shall be operated exclusively for exempt purposes within the meaning of Se of corporation authorized in home state or country to be carried out in the state of Florida)	P C					
. Name and str	street address of Florida registered agent: (P.O. Box NOT acceptable)	جُ ر					
	ົາ <u>ຕ້າ</u> ກ່າວ	· •	ED				
Name:	Kevin Reid	1 ==	D				
Office Address:	s: 9086 Lower Carrel Circle	P 24 AM 8: 08					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Orlando, Florida 32827	<u> </u>					
	(City) (Zip Code)	14					
	(0.9)						
10. Registered	ed agent's acceptance:						
Havina heen na	named as registered agent and to accept service of process for the above stated corpora	ition at	the place rapacity - T				
urther agree to	this application, I hereby accept the appointment as registered agent and agree to act to comply with the provisions of all statutes relative to the proper and complete perfor	mance (	of my dutie				
ind I am famili	iliar with and accept the obligations of my fosition as registered agent.						
	1/2 1/2						
	(Registered agent's signature)						

11. 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.

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

A. DIRECTOF  ■Chairman	Name: Kevin Reid	□Chairman	Name:	
□ Vice Chairman	Address:	□ Vice Chairman	Address: MEADOW CT	
Director	Orlando, FL 32827	□Director	MARIETTA, GA 30062	
□President		President	-	
□Vice President	<del></del>	_ □Vice President		
Secretary	□Treasurer	Secretary	Treasurer	
Other:	Other:	Other:	□Other:	
□ Chairman	Young S Nam	□Chairman	Name:	
□ Vice Chairman	9940 Woodrow St	□Vice Chairman	Address:	
□Director	Vienna, VA 22181	_ Director		
President		President		
□Vice President		□ Vice President		
□Secretary	<b>∃</b> Treasurer	□ Secretary	Treasurer	
Other:	Other:	Other:	Other:	
□Chairman	Name:	_ □Chairman	Name:	
□Vice Chairman	Address:	_ □Vice Chairman	Address:	
□Director		Director		
☐ President		□President		
□Vice President		□Vice President		
Secretary	Treasurer	Secretary	Treasurer	
☐ Other:	☐ Other:	Other:	Other:	
Non-indexed indiv	t Notice: Use an attachment to report more the viduals may be added to the index when filing (Signature of Chairman, Vice Chairman, or m, Treasurer	g your Florida Department o	of State Annual Report form.  12 of the application)	



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

DELAWARE, DO HEREBY CERTIFY THAT "CL STUART INSTITUTE" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2024, AT 6:20 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

Authentication: 204336473

Date: 09-09-24