

F95000005933

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: Educational Learning Strategies Foundation
(Name of Corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

900001653239
-12/05/95--01064--005
*****78.75 *****78.75

Joanne B. Quinn
(Name of Person)

Educational Learning Strategies Foundation
(Firm/Company)

6676 Wellington Drive
(Address)

Naples, Florida 33942
(City, State and Zip Code)

For further information concerning this matter, please call:

Joanne Quinn at (941) 598 - 5350
(Name of Person) Area Code & Daytime Telephone Number

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95 DEC -4 AM 9:15
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DIVISION OF CORPORATIONS

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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:**

1. Educational Learning Strategies Foundation, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Colorado
(State or country under the law of which it is incorporated)

3. 84-1272427
(FEI number, if applicable)

4. May 1994
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. still pending
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 6676 Wellington Drive
Naples, Florida 33942
(Current mailing address)

8. Educational
(Purpose(s) of corporation authorized in some state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Joanne B. Quinn
(Name)

6676 Wellington Drive
(Office address)

Naples, Florida, 33942
(City) (Zip Code)

10. 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.

Joanne B. Quinn
(Registered agent's signature)

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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. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Joanne B. Quinn

Address: 6676 Wellington Drive
Naples, Florida 33942

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Joanne B. Quinn

Address: 6676 Wellington Drive
Naples, Florida 33942

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Joanne B. Quinn
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

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STATE OF COLORADO

DEPARTMENT OF
STATE

CERTIFICATE

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I, **VICTORIA BUCKLEY**, Secretary of State of the State of Colorado hereby certify that

According to the records of this office

EDUCATIONAL LEARNING STRATEGIES FOUNDATION
(COLORADO NONPROFIT CORPORATION)

file # 941066847 was filed in this office on JUNE 13, 1994, and has complied with the applicable provisions of the laws of the State of Colorado and on this date is in good standing and authorized and competent to transact business or to conduct its affairs within this state.

Dated: NOVEMBER 14, 1995

Victoria Buckley

SECRETARY OF STATE