TO: Qualification/Registration Section Division of Corporations

| SUBJECT: NEW | SYSTEM e of Corporation) | SCHOOL, | INC. |
|--|----------------------------|-------------------------|---------------------------------------|
| (Nam | e of Corporation) | · | |
| | | | |
| | | 5000 |)23366557 |
| Dear Sir or Madam: | | -11 | /03/9701137007 ***35.00 *****35.00 |
| The enclosed "Application by Fore | ion Not for Profit Corno | ration for Authorizati | on to Conduct |
| its Affairs in Florida", "Certificate of | | | |
| referenced not for profit corporation | on to conducts its affairs | in Florida. | |
| Diago metros all accessos describe | | | |
| Please return all correspondence co | oncerning this matter to t | ne following: | Services. |
| | | | 26 9 |
| MARY ANN | MYERS | | <u> </u> |
| | (Name of Person) | | S Z |
| NEW SYSTEM | SCHOOL IN | ۲. | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (Firm/Company) | | |
| 4440 | | | |
| 2228 N. RANG | CH RD. | | <u> </u> |
| | (Addiess) | | n. |
| MURFREESBOR | O TN | 37/29 | |
| | (City, State and Zip Code) | - | THUI |
| | | | JJ 17 |
| For further information concerning | this matter, please call: | | |
| | | · | , |
| Mary Unn Myen | 4 at (615 Area Co | 849 - | 3464 |
| (Name of Person) | Area Co | ode & Daytime Telephone | Number |

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. NEW SYSTEM SCHOOL (Name of corporation: must include the word "INCORPORATION OF THE PROPERTY OF THE PROPERT | OL, INC. EE 9 | | | |
| (Name of corporation: must include the word "INCORPORA abbreviations of like import in language as will clearly indic | ATED" or "CORPORATION" or words of | | | |
| abbreviations of like import in language as will clearly indic person or partnership if not so contained in the name at pres- corporate suffix by a nonprofit corporation.) | ent. "Company" or "Co." may not be used as a | | | |
| • • • | CONT. CO. | | | |
| 2. <u>FENNESSEE</u> (State or country under the law of which | _ 3(FEI number, if applicable) @ | | | |
| it is incorporated) | | | | |
| | | | | |
| 4. (Date of Incorporation) | 5. PERPETUAL Ouration: Year corp. will cease to exist or | | | |
| • • | "perpetual") | | | |
| 6. 2-23-% | • | | | |
| 6. 2-23-96 (Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.1555, F.S.) | • | | | |
| See sections 017.1501, 017.1502, and 817.155, F.S.) | | | | |
| 7. 2228 N RANCHK | RD. | | | |
| | ···· | | | |
| MURFREESBORD (Current mailing address) | TN 37129 | | | |
| (Current mailing address) | | | | |
| | | | | |
| 8. PRIVATE RELIGIOU (Purpose(s) of corporation authorized in home state or country | S SCHOOL | | | |
| (1 in pose(s) of corporation authorized in nome state or countr | y to be carried out in the state of Florida) | | | |
| 9. Name and street address of Florida registered agent: | | | | |
| | | | | |
| HOWARD EST | EY | | | |
| HOWARD EST (Name) | | | | |
| 3761 NW 1877 | 1 PIDOLE | | | |
| (Office addre | ess) | | | |
| | | | | |
| OKEECHOBEE (City) | . Florida. 34972 | | | |
| (City) | (Zip Code) | | | |
| 10. Registered agent's acceptance: | | | | |
| Having been named as registered agent and to acce | ept service of process for the above stated | | | |
| corporation at the place designated in this application, I hereby accept the appointment as | | | | |
| of all statutes relative to the proper and complete performance of my duties, and I am familian | | | | |
| 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. | | | | |
| | | | | |
| | | | | |
| | | | | |
| Howard Estin | | | | |

- 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: | <u>.</u> |
|--|---------------------------|
| Address: | - |
| XV. Cl. | _ |
| Vice Chairman: | |
| Address: | |
| | |
| Director: | |
| Address: | 등 후 5 |
| | |
| Director: | |
| Address: | - |
| | |
| B.OFFICERS (Street address only- P. O. Box NOT acceptable) | - |
| President: PHIL RIAL | |
| Address: 707 OAK TRAIL LANE | |
| O'FALLON MO 63366 | |
| Vice President: STAN MYERS | • |
| Address: 2228 N RANCH RD | |
| MURFREES BORD TN 37129 | |
| Secretary: PAUL WITT | |
| Address: 1304-13 LANTON RD., WEST PL | |
| Treasurer: EDITH FEVCHT | • |
| Address: 122 RICHLAND DR., PULASKI, TN | 38478 |
| NOTE: If necessary, you may attach an addendum to the application list and/or directors. | sting additional officers |
| 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the a | |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the a | pplication) |
| VICE PRESIDENT (Typed or printed name and capacity of person signing application) | |
| (I you of primed hatte and cadacity of detson signing application) | |