FILING REQUEST 005521

SECRETARY OF STATE DIVISION OF CORPORATIONS 409 E GAINES STREET TALLAHASSEE, FL 32399



500003007496--1 -10/06/99--01072--001 *****70.00 ******70.00

Type of Filing:

QUALIFICATION

Subject(s):

NEW HORIZON KIDS QUEST IV, INC.

Form(s) Enclosed:

APPLICATION BY FOREIGN CORPORATION

W99-23513

Supporting Document(s):

CERTIFICATE OF GOOD STANDING

Check Enclosed:

CHECK# 30112 FOR \$70.00

Return Via:

REGULAR MAIL

Filing Method:

ROUTINE

PILED 99 OCT 27 PHI2: II

PLEASE RETURN TO:

Unisearch, Inc.

1295 Bandana Blvd. N, Suite 300

St. Paul, MN 55108

Please call me at 1-800-227-1256 if there are any questions.

Thank you! Sue Brodtmann

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations					
SUBJECT: NEW HOrizon Kids OUE	St IV, Inc.				
(Name of corporation - must inc	lude suffix)				
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for Authorization "Certificate of Existence", and check are submitted to register the a to transact business in Florida.					
Please return all correspondence concerning this matter to the follow	wing:				
sue prodtmani	γ				
(Name of Person)					
Unisearch, Inc.					
(Firm/Company)					
1295 Bandana Blvd. N, Suite	∍ 300				
(Address)					
St. Paul, MN 55108					
(City/State/Zip)					
	l: -1256 time Telephone Number)				
STREET ADDRESS: MAILING	G ADDRESS:				
Division of Corporations Division of 409 E. Gaines St. Division of P.O. Box 6	ion/Tax Lien Section f Corporations 5327 se, FL 32314				
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified C	•				



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 12, 1999

SUE BRODTMANN UNISEARCH 1295 BANDANA BLVD. N, SUITE 300 ST PAUL, MN 55108

SUBJECT: NEW HORIZON KIDS QUEST IV, INC.

Ref. Number: W99000023513

We have received your document for NEW HORIZON KIDS QUEST IV, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 299A00049310



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.

2. Minnesota		3	41-1825669				
(State or country under the law of w	hich it is incorporated	<i></i>	(FEI number, if ap	plicable)			
410-23-95	5.	Perpetual					
(Date of incorporation) Upon qualification	on		rp. will cease to exis)		
(Date first transacted business	in Florida.) (SEE SE	CTIONS 607.1501,	607.1502 and 817.1	55, F.S.)			
7. <u>IN MN: 16355 - 36th</u>	Ave. No., Ste.	700, Plymou	th, MN 55441	7			
IN FL:						_	
	(Current mailing a	ddress)		·			
8. Supervised hourly & tra	aditional chil	ld care and c	hildren's act	tivity center	rs,	_	
(Purpose(s) of corporation aut	horized in home state	or country to be ca	ried out in state of F	lorida)	33.4	991	
9. Name and street address of Fl	orida registered a	gent: (P.O. Box	or Mail Drop Box	NOT acceptable))CT	T
9. Name and street address of FI Name: NRAI Ser	orida registered a		or Mail Drop Box	NOT acceptable)	CRETATION L	OCT 27	
Name: NRAI Ser			or Mail Drop Box	<u>NOT</u> acceptable)	ASSEE F	27	
Name: NRAI Ser	vices, Inc.			NOT acceptable	CAUTASSEE FLOR	27	
Name: NRAI Ser	vices, Inc.			NOT acceptable	ASSEE F	DCT 27 PM 12: 11	
Name: NRAI Ser	vices, Inc. ark Avenue see		da, 32301	NOT acceptable)	ASSEE F	27	
Name: NRAI Service NRAI Service Name: Service NRAI Servic	vices, Inc. ark Avenue see te: tt and to accept service pointment as register ive to the proper and	, Flori	da, 32301 (Zip code) above stated corpor	ration at the place of	ASSEE FLORIDA	27 PM 12: 11	
Name: NRAI Service NRAI Service Name: Service NRAI Servic	vices, Inc. ark Avenue see te: tt and to accept service pointment as register ive to the proper and	, Flori	da, 32301 (Zip code) above stated corpor	ration at the place of	ASSEE FLORIDA	27 PM 12: 11	

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

which it is incorporated.

Vice Chairman Address: Director: Address: Director: Address:	2709 Walters Port Lane, Excelsior, MN 55331 SUSAN K. DUNKLEY 2709 Walters Port Lane, Excelsior, MN 55331 JAY L. BENNETT 5218 Braeburn Circle, Edina, MN 55435		
Address: Director: Address: Director: Address:	SUSAN K. DUNKLEY 2709 Walters Port Lane, Excelsior, MN 55331 DAY L. BENNETT		
Director:	EUSAN K. DUNKLEY 2709 Walters Port Lane, Excelsior, MN 55331 JAY L. BENNETT		
Address:	SUSAN K. DUNKLEY 2709 Walters Port Lane, Excelsior, MN 55331 JAY L. BENNETT		
Director:	JAY L. BENNETT		
Address:		 	
	5218 Braeburn Circle, Edina, MN 55435	······································	
B. OFFICE			
	RS (Street address only - P.O. Box NOT acceptable)		
President:	SUSAN K. DUNKLEY		 -
Address:	2709 Walters Port Lane, Excelsior, MN 55331	99 OCT	
	icer WILLIAM M. DUNKLEY		
	2709 Walters Port Lane, Excelsior, MN 55331	E E	
Secretary: & (Chief Financial Officer: PATRICK R. CRUZEN	TALE	
	16355 - 36th Avenue North, #700, Plymouth, MN 55447		
Treasurer:			
Address:			
NOTE: If no	desired you may attach an addendum to the application listing additional officers and/or directors.		
14. WILLIA	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: NEW HORIZON KIDS QUEST IV, INC.

Date Formed: 10/23/1995

Chapter Governed By: 302A

This certificate has been issued on 09/27/99.

99 OCT 27 PH 12: 11
SECTATIVATION STATE
TALLAHASSEE FLORIBA



Mary Kiffmeyer Secretary of State.