

M17000006533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

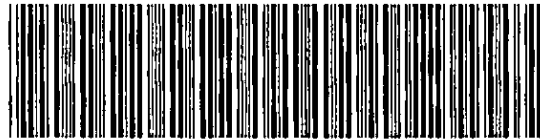
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECTION 1001  
TALLAHASSEE, FLORIDA

AUG 02 2017

J SHIVERS



July 26, 2017

Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314

Enclosed please find the application for AIS to open an office in Florida along with the Virginia Certificate of Fact and application fee. Please let me know if you need any additional information. Thank you.

Sincerely,

Mary Hall  
Director of Finance and Marketing

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Allied Instructional Services, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Karen Walker

\_\_\_\_\_  
Name of Person

Allied Instructional Services, LLC

\_\_\_\_\_  
Firm/Company

PO Box 2214

\_\_\_\_\_  
Address

Ashland, VA 23005

\_\_\_\_\_  
City/State and Zip Code

mhall@alliedinstructional.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Hall

804

368-8475

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Allied Instructional Services, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Town of Ashland, Virginia 3. 27-3046544  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 1, 2017  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 100 England Street 6. PO Box 2214  
(Street Address of Principal Office) (Mailing Address)  
Ashland, VA 23005 Ashland, VA 23005

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Brooke Walker  
Office Address: 317 Hayden Road, #11  
Tallahassee, Florida 32304  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

Brooke Walker

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Office Manager</u>	<u>Brooke Walker</u>		
	<u>317 Hayden Road, #11</u>		
	<u>Tallahassee, FL 32304</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Chris Martin  
Signature of an authorized person

Chris Martin, Senior Vice President

Typed or printed name of signee

# Commonwealth of Virginia



## State Corporation Commission

### *CERTIFICATE OF FACT*

*I Certify the Following from the Records of the Commission:*

That Allied Instructional Services, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is May 4, 2010; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

*Signed and Sealed at Richmond on this Date:  
July 26, 2017*



*Joel H. Peck*

*Joel H. Peck, Clerk of the Commission*