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## CAPITAL CONNECTION, INC.

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3+ Matthews University			CHED STATE OF STATE		
			Art of Inc. File		
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			Fictitious Name File		
			Trade/Service Mark		
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			Certificate of Fictitious Name		
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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 8, 2004

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: ST. MATTHEW'S UNIVERSITY (CAYMAN) LTD.

Ref. Number: W04000009220



We have received your document for ST. MATTHEW'S UNIVERSITY (CAYMAN) LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$87.50 payment.

You have used a FOR PROFIT CORPORATION FORM. Is this a "FOR PROFIT" corporation. Please note that non-profit corporations use another form.

ALSO, please state a PURPOSE for the coproration in Item 8.

AND ALSO, please note that since Florida doesn't accept LTD. as a corporate suffix, you will need to add "INC." after the "LTD." in the name on line 1.

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) 245-6914.

Buck Kohr Document Specialist

Letter Number: 604A00015213

**RE-SUBMIT**PLEASE OBTAIN THE ORIGINAL
FILE DATE

TRANSMITTAL LETTER	
TO: Registration Section Division of Corporations	60
SUBJECT: ST. Matthew's University (Cayman) Ltd., (Orp.)  (Name of corporation - must include suffix)	<u>}</u>
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.	,
Please return all correspondence concerning this matter to the following:	
Michael A. Harris	. Ding
Michael A. Harris (Name of Person)	
ST. Matthewis University (Firm/Company)	
1005 W. College Blvd Svite A.  (Address)  Miceville FL 32578  (City/State and Zip code)	
(Address)	
Miseville FL 32578	- ":
(City/State and Zip code)	
For further information concerning this matter, please call:	
(Name of Person) (Area Code & Daytime Telephone Number)	4 j.
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations  409 E, Gaines St.  Division of Corporations  P.O. Box 6327	
Tallahassee, FL 32399 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

•	BUSINESS IN FLORIDA	0.
	I 607.1503, FLORIDA STATUTES, THE FOLLOWIN ATION TO TRANSACT BUSINESS IN THE STATE O	
1. <u>ST. ma++hew's</u> (Name of corporation; must include	University (Cayman) Ctd., Cothe word "INCORPORATED", "COMPANY", "CORPOR	ATION" or
natural person or partnership if not s	•	Carte C
2. <u>Caymas Island</u> (State or country under the law of wh	s 3. 98-0567 ich it is incorporated) (FEI number, if	applicable)
4. Z/I/DZ (Date of incorporation)	5	
6 Suali fi (Date first transacted business in Flor	ida. If corporation has not transacted business in Florida, i SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	nsert "upon qualification.")
7. Po. Box 32330	O Sms Safe Haven, Leeward Three (Principal office address)	e, Grand Cayman
P.O. BOX 32350	Sms Safe Haven, Leeward Three (Current mailing address)	Grand Cuymun
(Purpose(s) of corporation aut ter into any trans:	ade or business or lawful activing horized in home state or country to be carried out in state or actions whatever which can in the orida registered agent: (P.O. Box or Mail Drop Box	fFlorida) e opinion <b>k</b>
Name: Darlene		
Office Address: 239 Wa	•	e de la companya de l
(Cit	, Florida <u>3257</u> / y) (Zip code)	· · · · · · · · · · · · · · · · · · ·
10. Registered agent's acceptance Having been named as registered a designated in this application. I he	e: gent and to accept service of process for the above s reby accept the appointment as registered agent and	tated corporation at the place agree to act in this capacity. I
further agree to comply with the pr	ovisions of all statutes relative to the proper and con accept the obligations of my position as registered a	nplete performance of my
blan	lui finde	
	(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.

of the Board of Directors be advantageously or conveniently carried on by the Company which purpose the Company will have such powers as are not prohibited by law.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Michael A Harris
Address: 1005 W College Blud Svite A
Niceville FL 32578
Vice Chairman:
Address:
Director: <u>Galen P. Swartzendruber</u>
Address: 1921 waldemere st. Svite 802
Saraspta FL 34239
Director: International Carporation Services Ltd
Address: P.O. Box 477 George Town
Grand Comman, Cayman Falands
B. OFFICERS
President: Michael A Harris
Address: 1005 W College Rlvd Suite A
Niceville FL 3257
Vice President: Jerry Tharaton
Address: 1750 W Breadway Street Suite 222
Oviedo FL 32765
Secretary: Galen P Swartzendruber
Address: 1921 Waldemere St. Suite 807 Sarasata FL 34239
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. When Collins were (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Michael A Harris Chairman  (Typed or printed name and capacity of person signing application)

