# F16000004403

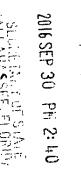
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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09/29/16--01024--002 \*\*70.00



K. SALY OCT -3 2016

## **COVER LETTER**

TO:	Registration Section			
	Division of Corporations			
<b></b>	CAMPUSPEAK, INC.			
SUBJ	IECT: Name	of corporation	- must include suffix	
	vaine	or corporation	- must merude surrix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign C ficate of Existence," or "Certificate referenced foreign corporation to to	e of Good Stan	ding" and check are sub	
	return all correspondence concern M. Davis	ing this matter	to the following:	
		Name of I	Person	
CAMF	PUSPEAK			
	<del></del>	Firm/Com	oany	
976 LA	AKE BALDWIN LANE STE 202	·	•	
		Addre		
ORLA	NDO, FL 32814	110010	•••	
		City/State ar	d Zip code	
finance	e@campuspeak.com			
	E-mail addres	s: (to be used for	or future annual report r	notification)
For fu	rther information concerning this r	natter, please c	all:	
Lucas M. Davis		844	745-8570	
		at (	)	<del></del>
	Name of Person	Area Code	Daytime Telepl	hone Number
	CERTIFICATION APPROX	10	MANUSCA	DDDEGG.
	STREET/COURIER ADDRES Registration Section	55:	MAILING ADDRESS: Registration Section	
Division of Corporations		Division of Corporations		
Clifton Building			P.O. Box 6327	
2661 Executive Center Circle			Tallahassee, FL 32314	
	Tallahassee, FL 32301			
Enclos	sed is a check for the following am	ount:		
<b>=</b> \$70	0.00 Filing Fee S78.75 Filin Certificate		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

# 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. CAMPUSPEAK INC. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 84-1488196 COLORADO 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) 08/01/2016 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 976 LAKE BALDWIN LANE STE 202, ORLANDO FL 32814 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) LUCAS M DAVIS Name: 976 LAKE BALDWIN LANE STE 202 Office Address: ORLANDO (City) 9. 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. (Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:	20/6 SFR 2	
A. DIRECTORS	2016 SEP 30 PH 2: 41	
DAVID B. STOLLMAN Chairman:		
976 LAKE BALDWIN LANE STE 202	All Vision 1. 2.4	
Address: ORLANDO FL 32814	ALLAGARAS AND PH. 2: 41	
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS  LUCAS M. DAVIS  President:  976 LAKE BALDWIN LANE STE 202  Address:		
ORLANDO FL 32814		
Vice President:		
Address:		
Socratory		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach in addendum to the application listing addendum.	ditional officers and/or directors.	
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 at are true and that he or she is aware that false information submitted in a docume a third degree felony as provided for in s.817.155, F.S.  LUCAS M. DAVIS, Executive Director & CEO  13.	ent to the Department of State constitutes	
(Typed or printed name and capacity of person signing	application)	

### OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

CAMPUSPEAK, INC.

#### is a

#### Corporation

formed or registered on 01/28/1999 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19991017317.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/08/2016 that have been posted, and by documents delivered to this office electronically through 09/13/2016 @ 09:27:48 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/13/2016 @ 09:27:48 in accordance with applicable law. This certificate is assigned Confirmation Number 9832313



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.nov.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://

\*\*\*\*\*\*\*\*\*\*\*End of Certificate\*\*\*\*\*\*

www.sov.state.co.us/ click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."