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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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# FILED 03 SEP 19 PM 3: 59 ELITARIASSEE, FLORIDA

#### TRANSMITTAL LETTER

TO: Registration Section	(IKID)
SUBJECT: SYLVAN LEARNING (ENTES, LLC	
(Name of corporation - must include suffix)	
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:	
(Name of Person) Sylven Centres, LIC =	. <u> </u>
(Firm/Company)  (Address)	الرار ما الرار
BACTWORES UD 21202  (City/State and Zip code)	
	THE STATE OF THE S
For further information concerning this matter, please call:	
Truck Language at (410 ) 843-8468 (Name of Person) at (410 ) 843-8468 (Area Code & Daytime Telephone Number)	
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines St.  Tallahassee, FL 32399  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy	



1001 FLEET STREET BALTIMORE, MD 21202 TEL: (410) 843-8000 FAX: (410) 843-8059 WEBSITE: SYLVAN.NET

January 5, 2004

#### VIA UPS OVERNIGHT DELIVERY

Ms. Agnes Lunt Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re:

Sylvan Learning Centers, LLC, a Delaware LLC

Corrected Application for Certificate of Authority for Foreign Limited

Liability Company

Dear Ms. Lunt:

Enclosed please find one original Application for Certificate of Authority for Foreign Limited Liability Company for Sylvan Learning Centers, LLC, a Delaware LLC. We originally applied in error as a foreign corporation, filed by Florida as number F03000004786. As our original Certificate of Existence was already filed by Florida under the erroneous application, I am enclosing a copy here to expedite matters. Please call me if you require another original Certificate, and I will order one from Delaware.

Thank you for advising me of our balance due. I am enclosing check #910645 in the amount of \$60.00 to cover that balance.

If you have any questions or require any additional information, please do not hesitate to contact me at 410.843.8763 or jenifer. Karyshyn@educate.com.

Many thanks for bringing our attention to our error, and for your assistance as we file our corrected application. Please call me if I can get you any additional information.

Very truly yours,

SYLVAN LEARNING CENTERS, LLC

Jenifer Karyshyn

Legal Assistant

/ik

**Enclosures** 

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ame of foreign limited liability company) liability company will cease to business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) (Street address of principal office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: r Learning Godes, U.C.: MARY FORTR 1001 FIFET ST. BALTUDGEND 21202 TRASPEC & SECRETARY: KEUTAN SHAFFER, 1001 FLEET 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) ON FILE ALREADY 11. Nature of business or purposes to be conducted or promoted in Florida: be organized under the Govern Consoration I has of Florida. Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:  SYWAN LECTRALICS CENTERS, LLC.	
2. The name and the Florida street address of the registered agent and office are:	
CAPITOL COPPORATE SCRUKES LIV.	
Florida street address (P.O. Box NOT ACCEPTABLE)	SE/SE
INTERNAL SEE ST. 37.305	
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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.	) 

Ollanie Case, asst. Dec.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
SYLVAN LEARNING CENTERS, LIC	······································	1
2. The name and the Florida street address of the registered agent and office are:	NAC 40	
CAPITOL CORPORATE SERVICES, LVC.	3	
Florida street address (P.O. Box NOT ACCEPTABLE)	PM 12: 29	i i
TALLAHASSEE, FL 32303		
Having been named as registered agent and to accept service of process for the above stated lin liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.	of all	

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYLVAN LEARNING CENTERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYLVAN LEARNING CENTERS, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Warriet Smith Windson Secretary of State

AUTHENTICATION: 2640146

DATE: 09-17-03

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