m10000003860

(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:

Office Use Only



200184779822



RECEIVED

10 AUG 31 PH 2: 3

S. HAWKES

AUG 3 1 2010

EXAMINER



ACCOUNT NO. : I2000000195 REFERENCE : <u>493786</u> 7586636 AUTHORIZATION CAPULBELENON COST LIMIT \$ 125.00 ORDER DATE: August 30, 2010 ORDER TIME : 10:38 AM ORDER NO. : 493786-005 CUSTOMER NO: 7586636 ------FOREIGN FILINGS NAME: TLE CONSTRUCTION & DESIGN GROUP, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER:

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

IN COMPLIANCE WITTI SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACI BUSINESS IN THE STATE OF FLORIDA:

MIEDIABILITY COMPANY TO TRANSACT BUSINESS IN THE S TLE at Jackson ville I - Southside, LLC	
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
name unavailable, enter alternate name adopted for the purpose neent of the managers or managing members adopting the altern mpany," "L.L.C.," "LLC.")	s of transacting business in Florida and attach a copy of the published name. The alternate name must include "Limited Liability"
Delaware 3.	26-4168478
Jurisdiction under the law of which foreign limited liability ompany is organized)	(FEI number, if applicable)
1/30/09 5.	Perpetual (Duration: Year limited liability company will cease a crist or "perpetual")
(Dute of Organization)	(Duration: Year limited liability company will cease case of cxist or "perpetual")
(Date first transacted business in Flori	y's if prior to registration
(See sections 608,501 & 608,502 F.S. t	o determine penalty liability)
4855 Technology Way, Suite 700	
Boca Raton, FL 33431	
(Street Address of	Principal Office)
If limited liability company is a manager-managed c	•
The name and usual business addresses of the manag	•
The Learning Experience Holding Corp., LL	C
4855 Technology Way, Suite 700	
Boca Raton, FL 33431	
Altached is an original certificate of existence, no more than 90 day invisition under the law of which it is organized. (A photocopy is slation of the certificate under eath of the translator must be submit. Nature of business or purposes to be conducted or p	tod)
the board to a community of b	
	man.
Signature of a member or an auth	orized representative of a member.
	orized representative of a member. , the execution of this document constitutes

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 STATUMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

TLE at Jacksonville I - Southside, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

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, Florida Statutes.

Corperation Service Company

BY: Kine Walle (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

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TLE AT JACKSONVILLE 1 - SOUTHSIDE, 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 THIRTIETH DAY OF AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TLE AT JACKSONVILLE 1 - SOUTHSIDE, LLC" WAS FORMED ON THE TWELFTH DAY OF JANUARY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4643895 8300

DATE: 08-30-10

AUTHENTACATION: 8200681

jeffrey W. Bullock, Secretary of State