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(((H11000045056 3)))



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Division of Corporations

Fax Number : (850) 617-6383

From:

: US CORPWORKS INC. Account Name

Account Number: I20070000066

Phone Fax Number

: (303)393-8800 : (303)393-8900

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Email Address

OliAOOGI

## Foreign Limited Liability Company 1:1 Online Tutoring Services, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
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J. SAULSBERRY **EXAMINER** 

FEB 2 2 2011

02/18/2011

(H110000460543)

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

IN COMPLIANCE WITH SECTION 608.593, INGORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1:1 Online Tutoring Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Neveda (Jurisdiction under the law of which foreign limited liability company is organized) 2/8/2011 bergetual (Date of Organization) (Duration: Year limited/liability company will cease to exist or "perpetual") 6, upon qualification (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 20920 Community St., Unit 8, Ganoga Park, CA 91304 (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 tottows: Amit Janweja - Manager 20920 Community St., Unit 8, Canoga Park, CA 91304 10. Attached is an original certificate of existence, normore 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 fitneigh language, a translation of the certificate under outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Online tutoring and to engage in any lawful act or activity for which Li. Cs may be organized. Signature of a member or an authorized representative of a member. (In accordance with section 508.408(9), F.S., the execution of this document constitutes an affirmation under the possities of perjury that the facts stated herein are true.)

<u> Amit Janweja - Manager</u>

Typed or printed name of signee

(HK0000460643)

## 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 Compa  | ny is:  |  |  |
|--|---|---|--|--|
|  | 1:1 Online Tu   | utoring Service   | es, LLC  | <del> </del>   |
| If unavailable   | e, the alternate to be used in the  | state of Florida is   | 3:   | 20111<br>SEC   |
| 2. The name  | and the Florida street address o  | of the registered a   | gent and office are:   | FEB 21 RETARY O                                      |
|  | NRAI Services, Inc.   |   |  |  |
|  |   | (Name)  |  | 3: 2<br>ORID   |
|  | 515 East Park Avenue  |   |  | <b>⊳</b> N   |
|  |   | ress (P.O. Box <u>NOT</u>   | ACCEPTABLE)  | _  |
|  | Tallahassee   | FL<br>City/State/Zip  | 32301  | _  |
| liability comp<br>agent and agr<br>relating to the<br>obligations of<br>NRAI Servic<br>By: | named as registered agent and to any at the place designated in the ree to act in this capacity. I furtice proper and complete performa fmy position as registered agent es, Inc.  (Signature)  ow, Asst. Secretary  \$ 100.00 \$ 25.00 | nis certificate, I her<br>her agree to compi<br>nce of my duties, a<br>as provided for in<br>Filing Fee for A | reby accept the appoint<br>ly with the provisions of<br>and I am familiar with a<br>a Chapter 608, Florida I | ment as registered<br>fall statutes<br>nd accept the |
|  | \$ 30.00  | Certified Copy  | (optional)   |  |
|  | \$ 5.00   | Certificate of S  | tatus (optional)   |  |

(H110000 4505/63)





2011 FEB 21 PM 3: 22
SECRETARY OF STATE
TAIL LAHASSEE, FLORIDA

## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, 1:1 ONLINE TUTORING SERVICES, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 8, 2011, and is in good standing in this state.

Certificate Number: C20110218-2401
You may verify this electronic certificate online at http://www.nvsos.gov/

Electronic Certificate

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 18, 2011.

ROSS MILLER Secretary of State