

Division of Corporations

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# M19000004042

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, P.A.  
Account Number : 072720000266  
Phone : (941) 366-4800  
Fax Number : (941) 552-7141

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: michael.markovitz@yahoo.com

**Foreign Limited Liability Company**  
**Academic Licensure Preparation and Education Service, LLC**

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April 22, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
WILLIAMS, PARKER, HARRISON, DIETZ, & GETZEN, P.A.

SUBJECT: ACADEMIC LICENSURE PREPARATION AND EDUCATION SERVICE, LLC  
REF: W19000038954

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Yvette Scott  
Document Specialist II

FAX Aud. #: H19000128267  
Letter Number: 919A00008027

850-817-6381

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April 19, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
WILLIAMS, PARKER, HARRISON, DIETZ, & GETZEN, P.A.

SUBJECT: ACADEMIC LICENSURE PREPARATION AND EDUCATION SERVICE, LLC  
REF: W19000038615

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Brooke N Kinsey  
Regulatory Specialist II

FAX Aud. #: H19000128267  
Letter Number: 319A00007971

P.O. BOX 6327 - Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Academic Licensure Preparation and Education Service, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 81-3682412  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)


5. 1 Benjamin Franklin Drive, #104 6. 1 Benjamin Franklin Drive, #104  
(Street Address of Principal Office) (Mailing Address)  
Sarasota, FL 34236 Sarasota, FL 34236

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cross Street Corporate Services, LLC  
Office Address: 200 South Orange Avenue  
Sarasota 34236  
(City) , Florida (Zip code)

## Registered agent's acceptance:

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 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)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total).

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Michael C. Markovitz

☐ Member Address: Benjamin Franklin Drive, #104

☐ Authorized Person: Sarasota, FL 34236

☐ Other ☒ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized Person: \_\_\_\_\_

☐ Other ☒ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized Person: \_\_\_\_\_

☐ Other ☒ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized Person: \_\_\_\_\_

☐ Other ☒ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized Person: \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized Person: \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized Person: \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized Person: \_\_\_\_\_

☐ Other ☐ Other

Information disclosed on this form is for reporting purposes only. Non-Confidential information may be disclosed to the public under the Florida Department of State Annual Report form.

Where applicable, the official having custody of records in the making of this certificate, or a translation of the certificate in a foreign language, a translation of the certificate under oath of the official making the translation.

I hereby certify that the information provided on this form is true and correct. I am aware that any false information provided may constitute a crime under the laws of the State of Florida, as provided for in s. 17.155, F.S.

Michael C. Markovitz

Michael C. Markovitz

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# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACADEMIC LICENSURE PREPARATION AND EDUCATION SERVICE, 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 EIGHTEENTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACADEMIC LICENSURE PREPARATION AND EDUCATION SERVICE, LLC" WAS FORMED ON THE SECOND DAY OF SEPTEMBER, A.D. 2016.

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



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SR# 20192950041

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202667060

Date: 04-18-19

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