

M23000011808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/28/23--01034--021 ++125.00

APPROVED
AND
FILED
2023 SEP 25 PM 3:59
STATE OF MISSISSIPPI
CLERK OF SUPREME COURT

SEP 15 2023
K. Brumbley

AS

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

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

Literacy Tutoring Center LLC

1. _____
(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.")
Minnesota N/A

2. _____ (Jurisdiction under the law of which foreign limited liability company is organized)
3. _____ (FEI number, if applicable)

Upon Filing

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

104 E Fowler Ave Ste 170 104 E Fowler Ave Ste 170

5. _____ (Street Address of Principal Office)
6. _____ (Mailing Address)

Tampa, Fl. 33612 Tampa, Fl. 33612

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

Elite Pro Advisors LLC

Name: _____

104 E Fowler Ave Ste 170

Office Address: _____

Tampa 33612

_____, Florida _____
(City) (Zip code)

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CLERK OF STATE
TAMPA, FLORIDA

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)

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: Bettie Hollis
104 E Fowler Ave Ste 170
 Member Address: _____
Tampa, Fl. 33612
 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 _____

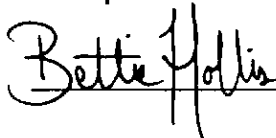
Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Bettie Hollis

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Literacy Tutoring Center LLC
Date Filed: 08/16/2019
File Number: 1096906000037
Minnesota Statutes, Chapter: 322C
Home Jurisdiction: Minnesota

This certificate has been issued on: 08/16/2023



Steve Simon
Steve Simon
Secretary of State
State of Minnesota