

3/20/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : DUANE MORRIS LLP
Account Number : I19990000059
Phone : (305)960-2217
Fax Number : (305)397-2683

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: rmminnes@konradgroup.com

**FLORIDA/FOREIGN LP/LLLP
BRAINSTATION EDUCATION LP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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RESUBMISSION

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Corporate Filing Menu

Help

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H20000096141

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

BrainStation Education LP

1. BrainStation Education LP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware 3. March 4, 2020
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: _____

5. Name of Registered Agent for Service of Process and Florida Street Address:
Corporation Service Company1201 Hays StreetTallahassee, FL 32301

6. 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.

Asst. VP

Signature of Registered Agent

7. Principal Office:

700 S. Rosemary Ave., Ste 204-129West Palm Beach, FL 33401

8. Mailing Address:

700 S. Rosemary Ave., Ste 204-129West Palm Beach, FL 33401

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: BrainStation Education Ltd. Name of General Partner: _____700 S. Rosemary Ave., Ste. 204-129

Street Address: _____

West Palm Beach, FL 33401Mailing Address: 700 S. Rosemary Ave., Ste 204-129 Mailing Address: _____West Palm Beach, FL 33401

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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TALLAHASSEE, FLORIDA

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Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 30th day of March, 20 20



 Signature of a general partner
 George Konrad, President of BrainStation Education Ltd.

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRAINSTATION EDUCATION LP" 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 MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRAINSTATION EDUCATION LP" WAS FORMED ON THE FOURTH DAY OF MARCH, A.D. 2020.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SR# 20202455986

You may verify this certificate online at corp.delaware.gov/authver.shtmlA 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.

Jeffrey W. Bullock, Secretary of State

Authentication: 202678917

Date: 03-30-20

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BRAINSTATION EDUCATION LP

April 1, 2020

Florida Dept. of State
Division of Corporations
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303


Re: Use of Name "BrainStation Education Ltd."

To Whom it May Concern:

Please be advised that the undersigned hereby grants consent to the use of the name
"BrainStation Education Ltd." in the State of Florida.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BRAINSTATION EDUCATION LP

By: 
Name: George Konrad
Title: President of the General Partner

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