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(Requestor's Name)
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PICK-UP WAIT MAIL
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OCT 27 IXI K. Brumbley

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Cobalt Ed, LP		
Name of Foreign Limited Partn	ership or Limited	Liability Limited Partnership
The enclosed application, certificate of status and fee partnership to transact business in Florida. Please return all correspondence concerning this mat		o register a foreign limited partnership or limited liability limited
Dennis L. Little		
Contact Person		
Cobalt Ed, LP		
Firm/Company		-
5308 Irongate Drive		
Address		
Springfield, IL 62711-4031		
City, State and Zip Code		_
dennis.little@cobalted.com		
E-mail address: (to be used for future annual report	notification)	_
For further information concerning this matter, pleas	e call:	
Dennis L. Little	at (217	691-7866
Name of Contact Person	_ \	and Daytime Telephone Number
Enclosed is a check for the following amount:		
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fees and Certificate of Status	□\$1,052,50 Fil and Certified	
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

Cobalt Ed, LP

Acceptable Limited Partnership suffixes: Limite	nited Liability Limited Partnership, which must include suffix) ed Partnership, Limited, L.P., LP, or Ltd. ip suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
If name unavailable, name under which the lim busine	nited partnership or limited liability limited partnership proposes to register to transact ess in Florida; must contain acceptable suffix.
2. Arizona	3 May 10, 2021
State or Country of Formati	
4. Federal Employer Identification Number: 8	36-3653104
5. Name of Registered Agent for Service of Pr URS Agents, LLC	rocess and Florida Street Address:
3458 Lakeshore Drive	
Tallahassee, F32312	
6. I hereby accept the appointment as registered of all statutes relative to the proper and comp my position as registered agent.	d agent and agree to act in this capacity. I further agree to comply with the provisions plete performance of my duties, and I am familiar with and accept the obligations of
·	Signature of Registered Agent
7. Principal Office:	8. Mailing Address:
Cobalt Ed, LP	Cobalt Ed, LP
7227 N 16th Street, #190	5308 Irongate Drive
Phoenix, AZ 85020	Springfield, IL 62711-4031
Phoenix, AZ 85020 Name of General Partner:	Imited partnership, check box. Ing address of each general partner: Name of General Partner: Street Address: Name of General Partner: Street Address: Street Address:
Mailing Address:	Mailing Address:

Page 1 of 2

Name of General Partner;	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
1. Effective date, if other than the date of filing: Effective date cannot be prior to nor more than 90 days (Note: If the date inserted in this block does not meet the a locument's effective date on the Department of State's re-	after the date this document is filed by the Florida Department of State.) applicable statutory filing requirements, this date will not be listed as the
Florida Department of State, by the Secretary of State or o	ed, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under
signed this day of	.20 21
	D Richardson nature of a general partner

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

Filing Fees:

Page 2 of 2

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 \$.817.155, F.S.

STATE OF ARIZONA

Department of State



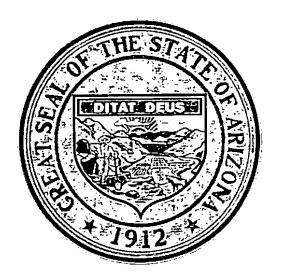
LIMITED PARTNERSHIP CERTIFICATION

Issued on 09/10/2021

I, Katie Hobbs, Secretary of State, do hereby certify that COBALT ED, LP with file number 2028337 was filed as a Limited Partnership on 05/10/2021.

GAIL RICHARDSON 7227 N 16TH STREET #190 PHOENIX AZ 85020-

5/10/2021 Application



Registration Date: 05/10/2021

Date First Used:

Limited Partnership No.: 2028337

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Arizona. Done at Phoenix, the capitol, this 10 day of September, 2021.

KATIE HOBBS