FOR CONTROL OF TO: Registration Section Division of Corporations

SUBJECT: BALD EAGLE ENTERPRISES, INC.

(Name of corporation - must include suffix).

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ROBERT S	. IRV	IHE	annonzozi	<u> </u>
	(Name of	Person)	a company of the comp	-01046006
SYLVAN LEAR	RNING	CENTER	****233.5I	
•	(Firm/Cor	npany)		
340 EISENHOWER SAVANNAH, GA	DR.	BLDG, 1	00	., :
	(Addre	ess)		
SAVANNAH, GA	31	406		
,	(City/State a	nd Zip code)		11000
				Mr8/114
For further information concerning this ma	tter, please ca	all:		0
				VISS VISS
RoBERT S. IRVINE a	t (9/2) 355-2	267	DIVISION OF A
(Name of Person)	(Area C	ode & Daytime Tele	ephone Number)	S PART
				POF STATE ORPORATION
STREET ADDRESS:		MAILING ADDRI	ESS:	
Registration Section		Registration Section	n	- 0%s
Division of Corporations		Division of Corpora	ations	
409 E. Gaines St.		P.O. Box 6327		
Tallahassee, FL 32399		Tallahassee, FL 32	314	
Enclosed is a check for the following amou	mt:			
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Certificate of	Fee & X	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fe	æ, tatus &

Certified Copy

• APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. BALD EAGLE ENTERPRISES INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated)

3. 58-24176/2

(FEI number, if applicable) 4. 10-07-1998 5. PERPETUAL

(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") UPON QUALIFICATION (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 340 EISENHOWER DRIVE, BLOG 100, SAVANNAH, GA
(Principal office address) 340 EISENHOWER DRIVE BLOG 100. SAVAHNAH, GA 314 8. SUPPLEMENTAL EDUCATION SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Fiorida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: ROBERT S. /RV/NE

Office Address: 9421 WRY POINT PLACE

JACKSONVILLE, Florida 32267

(City) (Zip code) 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

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

. DIRECTORS				
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address:			_ 9	-
	 		SECT VISIO	_ :
B. OFFICERS			AUG -	7
resident: ROBERT S. IRVINE			3 ORP	
Address: 6037 CREEK RD. BEAUFORT, SC. 29906			9 22 9 22	<u>-</u> -
•			- 5	4 .
Vice President: PATRICIA A. IRVINE				बह ें ::
Address: 6037 CREEK RD. BEAUFORT, SC 29906	· · · · · · · · · · · · · · · · · · ·		·	e* i
				
ecretary: ROBERT S. IRVINE	DIL FORT SC	7990	, 5 <u>/</u>	
address: 6037 CREEK ROAD, BE	AU POICE, SC			
reasurer: <u>PATRICIA A. IRVINE</u> Address: <u>6037 CREEK ROAD, BEA</u>	 			, m

NOTE: If necessary, you may attach an addendum to the application listing 13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

ROBERT 5. |RVINE, PRESIDENT
(Typed or printed name and capacity of person signing application)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 022190487
CONTROL NUMBER : K833734
DATE INC/AUTH/FILED: 09/11/1998
JURISDICTION : GEORGIA
PRINT DATE : 08/07/2002
FORM NUMBER : 211

ROBERT S. LEVINE
SYLVAN LEARNING CENTER
340 EISENHOWER DRIVE, BLDG. 100
SAVANNAH, GA 31406

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BALD EAGLE ENTERPRISES, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox Secretary of State