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JUL -08 2004 16:43
Division of Corporations

P.01/05
Page 1 of 1

Florida Department of State
Division of Corporations
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Division of Corporations
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From:
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DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

StudentCity.com, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$1,228.75

Name Availability	
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Electronic Filing Menu

Corporate Filing

Public Access Help

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.

1. StudentCity.com, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 04-3491393
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/05/1999 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 09/01/2003
(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.)
7. 8 Essex Center Drive, Peabody, MA 01960
(Principal office address)
- same
(Current mailing address)
8. To provide internet and intranet services for educational institutions.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: CT Corporation System
Office Address: c/o CT Corporation System, 1200 South Pine Island
Plantation, Florida 33324
(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.

CT Corporation System

By: Salvina Amenta-Gray

(Registered agent's signature)

SALVINA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY

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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORSChairman: Mario RicciardelliAddress: 8 Essex Center DrivePeabody, MA 01960

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS *SEE ATTACHMENT*President: Mario RicciardelliAddress: 8 Essex Center DrivePeabody, MA 01960

Vice President: _____

Address: _____

Secretary: Mario RicciardelliAddress: 8 Essex Center Drive Peabody, MA 01960Treasurer: Bill IrwinAddress: 8 Essex Center Drive Peabody, MA 01960

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Mario Ricciardelli, President

(Typed or printed name and capacity of person signing application)

Attachment to Florida

Officers & Directors

-
- | | | |
|----|-------------------|-------------------------|
| 1. | Full Name: | Mario Ricciardelli |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | President and Secretary |
| | Director's Title: | Chairman |
| | Business Address: | 8 Essex Center Drive |
| | City: | Peabody |
| | State: | MA |
| | ZIP Code: | 01960 |
| 2. | Full Name: | Bill Irwin |
| | Officer/Director: | Officer |
| | Officer's Title: | Treasurer and CFO |
| | Business Address: | 8 Essex Center Drive |
| | City: | Peabody |
| | State: | MA |
| | ZIP Code: | 01960 |
| 3. | Full Name: | Jacqueline Lewis |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Executive VP and COO |
| | Business Address: | 8 Essex Center Drive |
| | City: | Peabody |
| | State: | MA |
| | ZIP Code: | 01960 |

FILED
JUL 12 2004
U.S. DISTRICT COURT
DISTRICT OF MASSACHUSETTS
PEABODY

JUL 12 - 8 P 1:59

FILED

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STUDENTCITY.COM, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

2004 JUL -8 P 1:59
SECRETARY OF STATE
DELAWARE

FILED

3122216 8300

040472358

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3198097

DATE: 06-25-04

LLP040002952

FILED 7/8 07/08 04 14:12 ID: CSC TALLAHASSEE FAX (850) 558-1575

Division of Corporations

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LLP REGISTRATION

OMI MICCO, LLP

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TALLAHASSEE
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Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

STATEMENT OF QUALIFICATION FOR FLORIDA OR FOREIGN
LIMITED LIABILITY PARTNERSHIP

1. The name of the partnership as identified in the records of the Florida Department of State:
OMI Micco, LLP

Insert partnership's Florida registration number: _____

or

Attach completed Partnership Registration Statement and \$50 filing fee.

2. Suffix adopted for the above named partnership: LLP
(Registered Limited Liability Partnership, "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "R.L.P.," or "LLP")

3. The street address of its chief executive office: 900 W. 49th Street
(if different from current recorded address): Suite 508
Hialeah, Florida, 33012

4. The street address of principal office in Florida: _____
(if different from above): _____

5. The name and Florida street address of the partnership's agent for service of process:
Louis D. Zaretsky, P.A. @ Rittner, Rittner, Zaretsky
555 N.E. 15th Street
Miami, Florida, 33132

6. This partnership hereby elects to be a limited liability partnership.

7. The effective date of this filing shall be:
☒ as of the date this document is filed with the Florida Secretary of State
or
☐ a date later than the time of filing: _____

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 7th day of July, 2004

Signature of TWO Partners: _____

Typed or printed names of partners signing above: Ofer Naor, Partner
Amy Majchrzyk, Partner

Filing Fee: \$25.00
Certified Copy: (Optional): \$52.50
Certificate of Status Optional: \$8.75

IN11007(1/00)