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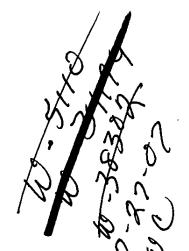
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SECRETARY OF STATE

SECRETARY OF STATE





FLORIDA DEPARTMENT OF STATE Division of Corporations

July 17, 2007

SCOTT LARSEN CPA 6535 GREEN BAY RD. KENOSHA, WI 53142

SUBJECT: LEISURE LEARNING, INC.

Ref. Number: W07000034194



The document must contain a registered agent with a Florida street address and was a signed statement of acceptance. (i.e., I hereby am familiar with and acceptathege and exponential and acceptance and exponential acceptance.)

Please return the original and one copy of your document, along with a copy of the search of the copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call frage that the last (850) 245-6995.

Wanda Cunningham Document Specialist New Filing Section

Letter Number: 307A00045225

COVER LETTER

COVER LETTER			
TO: New Filing Section Division of Corporations			
SUBJECT: Lei Sure learning, 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: Michael Willam Becker Green (Name of Person) Scoth Green Becker (Firm/Company) (Address) Karracha, wt 53/42 (City/State and Zip code) For further information concerning this matter, please call:			
(Name of Person) . (Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy			

ÀPPLICATION 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) 10-1-2006 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address) (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 NOT acceptable) Name: Office Address: 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.

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. DIRECTORS	
Chairman: 100 MQ	
Address:	PER B
	理》
Vice Chairman:	SSRY
Address:	FG D C
	器 0
Director: ONL	P
Address:	
Director:	
Address:	
B. OFFICERS	
President: Virginia Kobinson	·
31 23 Mar (ab) St	
TTO 11110 (7 27117	
Vice President: M	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional offi	icers and/or directors.
(Signature of Director or Officer listed in number 12 of the application	on)
	00 F
(Typed or printed name and capacity of person signing application	



United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

LEISURE LEARNING, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is September 14, 1998.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 10, 2007.

RAY ALLEN, Deputy Administrator Division Of Corporate & Consumer Services Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

41670-98D533D2