

JUN 8. 2009

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NO. 338

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I200000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

RESUBMIT

Please give original
submission date as file date.

FOREIGN PROFIT/NONPROFIT CORPORATION

THE LEARNING EXPERIENCE HOLDING CORP.

Certificate of Status	0
Certified Copy	0
Page Count	45
Estimated Charge	\$70.00

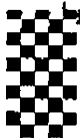
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FILED
2009 JUN -9 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Schaefer
JUN 10 2009



June 8, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: THE LEARNING EXPERIENCE HOLDING CORP.
REF: W09000026762

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

If you have any further questions concerning your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

FAX Aud. #: H09000136476
Letter Number: 909A00019140

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

*IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. THE LEARNING EXPERIENCE HOLDING CORP.
(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. 02-0713048
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/31/03 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1301 & 607.1302, F.S., to determine penalty liability)

7. 10 SYLVAN WAY, SUITE 110, PARSIPPANY, NJ 07054
(Principal office address)

(Current mailing address)

8. DEVELOPMENT & OPERATION OF CHILD CARE CENTER
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(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.

Corporation Service Company

By: Allison Quigley
(Registered agent's signature)

Allison Quigley, Assistant VP

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,

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: MICHAEL H. WEISSMANAddress: 10 SYLVAN WAY, SUITE 110
PARSIPPANY, NJ 07054Vice Chairman: RICHARD S. WEISSMANAddress: 10 SYLVAN WAY, SUITE 110
PARSIPPANY, NJ 07054

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Richard S. Weissman
(Signature of Director or Officer listed in number 12 of the application)14. RICHARD S. WEISSMAN, MANAGING MEMBER
(Typed or printed name and capacity of person signing application)2009 JUN -9 AM 9:53
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TALLAHASSEE, FLORIDA

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE LEARNING EXPERIENCE HOLDING CORP." 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 FOURTH DAY OF JUNE, A.D. 2009.

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

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE LEARNING EXPERIENCE HOLDING CORP." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2003.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authvox.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7342332

DATE: 06-04-09