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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

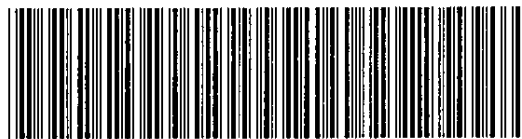
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 13 PM 2:45

B. KOHR

OCT 13 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 540065 7386088
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ *95.00*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 13 PM 2:45

ORDER DATE : October 13, 2010

70.00

ORDER TIME : 11:24 AM

ORDER NO. : 540065-020

CUSTOMER NO: 7386088

DOMESTIC AMENDMENT FILING

NAME: REDILEARNING, LLC

EFFECTIVE DATE:

XX ARTICLES OF CONVERSION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER'S INITIALS: _____

**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.*

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DIVISION OF CORPORATIONS
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1. REDILEARNING CORP.

(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)

2. DELAWARE **3. 383768160**

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 13, 2010 **5. PERPETUAL**

(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. ON THE DATE THIS APPLICATION IS EFFECTIVE

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 518 N.E. 2ND AVENUE, DELRAY BEACH, FL 33444

(Principal office address)

518 N.E. 2ND AVENUE, DELRAY BEACH, FL 33444

(Current mailing address)

8. TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY

(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: MICHAEL HEMLEPP

Office Address: 518 N.E. 2ND AVENUE

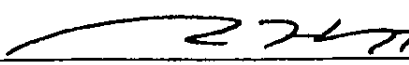
DELRAY BEACH, Florida 33444

(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.

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

A. DIRECTORS

Chairman: MICHAEL HEMLEPP

Address: 518 N.E. 2ND AVENUE

DELRAY BEACH, FL 33444

Vice Chairman: _____

Address: _____

Director: SALLY HEMLEPP

Address: 518 N.E. 2ND AVENUE

DELRAY BEACH, FL 33444

Director: CHARLES LIEPPE

Address: 518 N.E. 2ND AVENUE

DELRAY BEACH, FL 33444

B. OFFICERS

President: SALLY HEMLEPP

Address: 518 N.E. 2ND AVENUE

DELRAY BEACH, FL 33444

Vice President: _____

Address: _____

Secretary: SALLY HEMLEPP

Address: 518 N.E. 2ND AVENUE, DELRAY BEACH, FL 33444

Treasurer: MICHAEL HEMLEPP

Address: 518 N.E. 2ND AVENUE, DELRAY BEACH, FL 33444

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. MICHAEL HEMLEPP, CHIEF EXECUTIVE OFFICER

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

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

Director: THOMAS MENDELL
518 N.E. 2ND AVENUE
DELRAY BEACH, FL 33444

Chief Executive Officer: MICHAEL HEMLEPP
518 N.E. 2ND AVENUE
DELRAY BEACH, FL 33444

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REDILEARNING 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 THIRTEENTH DAY OF OCTOBER, A.D. 2010.

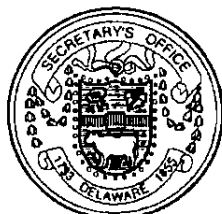
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REDILEARNING CORP." WAS INCORPORATED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2010.


AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

4883961 8300

100989894

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8284994

DATE: 10-13-10