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# FOREIGN PROFIT/NONPROFIT CORPORATION THE LEARNING HOUSE, INCORPORATED

| Certificate of Status | 0       |
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### 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.

|                             | orperation; must include "INCORPORATED<br>orp," "Inc," "Co," or "Corp.")     | ," "Company," "Corporation,"   |                  |
|-----------------------------|--|--|------------------|
| The Learning H              | ouse (KY), Incorporated  | ·  | _                |
| (If name unavail)           | ble in Florida, enter alternate corporate name                               | adopted for the purpose of transacting business in Florids)                      | 1                |
| Z. Kentucky ;               | 37   | 61-1092223   | _                |
|                             | under the law of which it is incorporated)                                   | (FEI number, if applicable)  |                  |
| 4. 10/22/1985               | <b>5</b> .   | perpetual  |                  |
|                             | of incorporation)  | (Duration: Year corp. will cease to exist or "perpetual")                        |                  |
| <b>6.</b>                   |  | •  |                  |
| //                          |  | in Florids, if prior to registration) 502, F.S., to determine penalty liability) | <b>-</b>         |
| 427 South For               | orth Street, Suite 300, Louisville, KY                                       | 40202  |                  |
| ,_,                         | (Principal office ad   |  | 12               |
| 427 South For               | orth Street, Suite 300, Louisville, KY                                       | 40202  | <u></u>          |
|                             | (Current mailing ad  |  | - ;=             |
| An education creation and n | services company that supports non-p<br>nanagement of on-line degree program | rofit post-secondary academic institutions in the                                | 18 PH 3          |
| (Purpose(i                  | ) of corporation authorized in home state or e                               | ountry to be carried out in state of Florida)                                    |                  |
| 9. Name and street          | at address of Florida registered agent; (P.                                  | O. Box NOT soceptuble)   | ယ္<br><i>ဗ</i> ာ |
| Nama:                       | United Corporate Services, Inc.  | <del></del>  | o,               |
| Office Address:             | 9200 South Dadeland Blvd. Ste. 50  | <u>B</u>   |                  |
|                             | Miaml  | , Florida 33156  |                  |
|                             | (Clty)   | (Zip cods)   |                  |
| lÇ. Registered a            |  | <i>;</i>   |                  |

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fumiliar with and accept the obligations of my position as registered agent.

United Corporate Services

(Ragistered 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 oustedy of corporate records in the jurisdiction under the law of which it is incorporated.

## H12000185407 3

| 12. Names and business addresses of officers and/or directors:  |                      |                        |
|---|----------------------|------------------------|
| A. DIRECTORS  |                      |                        |
| Chairman: 11/8  |                      |                        |
| Address;  |                      |                        |
|   |                      |                        |
| Vice Chairman: n/a  |                      |                        |
| Address:  |                      |                        |
|   | ·                    |                        |
| Director: Jonathan Grayer   |                      |                        |
| Address: 140 Greenwich Avenue, Third Floor  |                      |                        |
| Greenwich, CT 06830   | <u> </u>             |                        |
| Director: Steven J. Berger  |                      |                        |
| Address: 140 Orcenwich Avenue, Third Floor  |                      |                        |
| Greenwich, CT 06830   |                      |                        |
| B. OFFICERS   | _                    |                        |
| President: and Chief Executive Officer: David T. Richardson   |                      |                        |
| Address: 427 South Fourth Street, Suite 300, Louisville, KY 40202   |                      |                        |
|   |                      |                        |
| Chief Operating Officer: Steven A. Huey   |                      |                        |
| Address: 427 South Fourth Street, Suite 300, Louisville, KY 40202   | 12                   | (20)<br>Kan            |
|   | <b>12</b> ]JU        | 37                     |
| Secretary: n/a  | <u> </u>             | 2 i :                  |
| Address   | Ţ.                   | - <del>33</del> 9<br>  |
| Chief Financial Officer: Steven J. Berger   |                      | المُبِيدُ :<br>د راد د |
| Address: 140 Greenwich Avenue, Third Floor, Greenwich, CT 06830   | <u>6</u>             |                        |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.   | - <b>5</b> - 资       |                        |
| 13. 7/3/12  |                      |                        |
| Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated are true and that he or she is sware that false information submitted in a document to the Department of State con third degree follows as provided for in s.817.155, F.S. | herein<br>stitutos a |                        |
| 14. David T. Richardson, Chief Executive Officer and President  |                      |                        |
| (Typed or printed name and capacity of person signing application)  |                      |                        |

H120001854073

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 716 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

#### Certificate of Existence

Authentication number: 127981

Visit https://app.sps.kv.gov/fishow/gertvalidate.aspx.tg authenticate this certificate

I, Allson Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

### THE CEARNING HOUSE, INCORPORATED

is a corporation dilly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is October 22, 1985 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 144A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 17th day of July, 2012, in the 221 veal of the Commonwealth.

18 PM 3:56



Alison Lundergen Grimes

Secretary of State

Commonwealth of Kantucky

127981/0207451