

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031

Phone : (800)906-9220 Fax Number : (800)906-9880

**Enter the email address for this business entity to be used for futuraannual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION BLAKE ELEARNING INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

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https://efile.sunbiz.org/scripts/efilcovr.exe

3/11/2015



The First State

I, JEPTREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BLAKE ELEARNING 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 SIXTH DAY OF MARCH, A.D.
2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLAKE ELEARNING INC." WAS INCORPORATED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2006.

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

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AUTHENTY CATION: 2173908

DATE: 03-06-15

You may verify this cortificate online at oath. delewers, soviauthver, shtml

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COVER LETTER

TO: New Filing Section Division of Corporations,			
Rlaka	Elan.	20-100	
SUBJECT: D/C/E	of corporation	must include suffix	
7 444111	, proorbornmon	Sandst mande ballin	
Dear Sir or Madam:			
The enclosed "Application by Foreign ("Certificate of Existence," or "Certificate observed foreign corporation to	te of Good Stan	ding" and check are sub	
Please return all correspondence concer	ning this matter	to the following:	
Sal Abecasis	_	•	
	Name of l	Person	
Allstate Corporate Serv			
Alistate Colporate Col	Firm/Com		
1222 Avenue M, Suite			
Brooklyn, NY 11230	Addre	5 S	
BIOOKIYII, 141 11230	Dia 151-1-	3 77 to A .	
eal@ace123 com	City/State as	id Lip code	
sal@acs123.com	ss. (to be used f	or future annual report n	otification)
For further information concerning this	•	•	· · · · · · · · · · · · · · · · · · ·
Naomi Ostopowitz	at (800	906-9220	
Name of Person		Code & Daytime Telepho	one Number
STREET/COURIER ADDRE New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	:SS:	MAILING AI New Filing Se Division of Co P.O. Box 6327 Tallahassee, F.	ction opporations
Enclosed is a check for the following as	mount:		
S70.00 Filing Fee S78.75 Fil Certificate	ing Fee & □ e of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

H150000 620373

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.

(If name imavails	ble in Florida, enter alternate corporate na	me s	adopted for the purpose of transacting business in Florida
Delaware	•	2	woywe to the purpose of dampeting outsidess in the following
	under the law of which it is incorporated)	, J. ,	(FEI number, if applicable)
Novembe	er 08, 2006	5	PERPETUAL
	of incorporation)	٠, ,	(Duration: Year corp. will cease to exist or "perpetual"
i .			
	(Date first transacted busine (SRE SECTIONS 607.1501 & 60	88 in 17.15	Plorida, if prior to registration) 502, F.S., to determine penalty liability)
1350 Broa	adway, Suite 908, New Y	Yor	rk, NY 10018
	(Principal office		•
1350 Broa	idway, Suite 908, New Yo	ork,	, NY 10018
	(Current mailing	addr	(888)
Online Le	earning Company		
'·	earning Company) of corporation authorized in home state of	r coi	
(Purpose(s			
(Furpose(s) of corporation authorized in home state of	(P.O	D. Box NOT acceptable)
(Purpose(s	of corporation authorized in home state of staddress of Florida registered agent:	(P.O 9, l	D. Box NOT acceptable) nc. A SEE A SEE
(Furpose(s), Name and atree	of corporation authorized in home state of address of Florida registered agent: Registered Agent Solution	(P.O 9, l	D. Box NOT acceptable) Onc. ARR SS

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.

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

A. DIRECTORS
Chairman:
Address;
Vice Chairman:
Address:
Director;
Address:
Director:
Address:
B. OFFICERS
President: Matthew Sandblom
Address: 1350 Broadway, Suite 908
New York, NY 10018
Vice President: Edward Howard
Address: 1350 Broadway, Suite 908
New York, NY 10018
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
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 herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
Edward Howard, Vice President