(Requestor's Name)									
(Address)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
(,,									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
#800 00 MIJ-83390									
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Office Use Only



400304437704

11/20/17--01026--026 **600.00

10/16/17--01025--023 **78.75

S. WARREN HOV 2 0 2017



October 18, 2017

NICK ASHLEY PANORAMA EDUCATION, INC. 109 KINGSTON ST, 5TH FLOOR BOSTON, MA 02111

SUBJECT: PANORAMA EDUCATION, INC.

Ref. Number: W17000083320

We have received your document for PANORAMA EDUCATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$800.00.

Please return your document, along with a 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 (850) 245-6051.

Letter Number: 017A00021089

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	O: Registration Section Division of Corporations									
SUBJ	ECT:	Panora	ma Education, I	nc.						
.,020	13011				on -	must include suffix	 			
Dear S	Sir or M	adam:								
"Certi	ficate o	Existen		e of Good St	andi	ng" and check are sub	et Business in Florida." mitted to register the			
Please	return	all corres	pondence concer	ning this matt	er te	the following:				
Nick A	shley									
				Name o	f Pe	rson				
Panor	ama Edi	ucation, In	c.							
				Firm/Co	mpa	iny				
109 K	ingstor	St., 5th	Floor							
				Adc	ress					
Bosto	n, MA	02111								
				City/State	and	Zip code				
financ	e@par	oramaed		er (to be use	Lion	future annual report r	votification)			
						·	ouncation			
For fu	rther in:	formation	concerning this	matter, please	e cal	l :				
Nick Ashley			_{at (} 617		752-3988					
		of Perso	n	Area Co	ode	Daytime Telepl	hone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclos	ed is a	check for	the following an	iount:						
☐ \$70).00 Fil	ing Fee				\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy			

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.

1. Panorama Ed											
	Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," Inc.," "Co.," "Corp," "Inc," "Co," or "Corp,")										
(If name unavail	able in Florida, enter alternate corporate na		adopted for the purpose of transacting business in Flor	ida)							
2. Delaware		3.	90-0995958								
(State or country under the law of which it is incorporated)			(FEI number, if applicable)								
4. 4/2/2012		5.									
(Date	e of incorporation)		(Date of duration, if other than perpetual)								
6. October 1, 2015											
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)								
7. 109 Kingston S	t., 5th Floor Boston, MA 02111	_) (C. 11)								
	(rn	neip	oal office address)								
	(Current m	ailir	ng address, if different)	17							
8. Name and stre	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	17 NOV 20 PM 4: 08							
Name:	Northwest Registered Agent, LLC.		<u> </u>	Ö							
Office Address:	3030 N. Rocky Point Dr. STE 150A			h Hd							
	Tampa		, Florida 33607	30:							
	(City)		(Zip code)	<u></u>							

9. 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.



10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Aaron Feuer Address: 109 Kingston St., 5th Floor Boston, MA 02111 Vice Chairman: Director: Alexander Tanner Address: 109 Kingston St., 5th Floor Boston, MA 02111 Director: Amit Patel Address: 109 Kingston St., 5th Floor Boston, MA 02111 **B. OFFICERS** President: Aaron Feuer Address: 109 Kingston St., 5th Floor Boston, MA 02111 Vice President: Address: __ Secretary: Alexander Tanner Address: 109 Kingston St., 5th Floor Boston, MA 02111 Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. ae-Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Alexander Tanner, Secretary

11A. Addendum

• Director: Andrew Parker

o 109 Kingston St., 5th Floor Boston, MA 02111

• Director: Ross Jensen

o 109 Kingston St., 5th Floor Boston, MA 02111

17 NOV 20 PH 4: 09



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PANORAMA EDUCATION, 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 TENTH DAY OF OCTOBER, A.D. 2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PANORAMA EDUCATION, INC." WAS INCORPORATED ON THE SECOND DAY OF APRIL, A.D. 2012.

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

Authentication: 203375379

Date: 10-10-17