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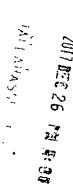
(Requestor's Name)						
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COVER LETTER

TO:	FO: Registration Section							
	Division of Corporations Tripod Educaton Partners, Inc.							
SUBJ	ECT:							
	Nan	ne of corporatio	n - musi	include suffix				
Dear S	Sir or Madam:							
"Сеті	nclosed "Application by Foreign ficate of Existence," or "Certific referenced foreign corporation t	ate of Good Sta	inding"	and check are sul				
Please Rob R	return all correspondence conce amsdell	erning this matte	er to the	following:				
Tripod	Education Partners	Name of	Person		•			
101 M	ain Street, 14th Floor	Firm/Cor	npany	-				
Cambr	idge, MA 02142	Addi	ress		 			
alka@	tripoded.com	City/State	and Zip	code				
	E-mail addr	ess: (to be used	for futu	re annual report	notification)			
For fu	rther information concerning this	s matter, please	call:					
Alka Pateriya		202	202 253-7285					
	·	at ()					
	Name of Person	Area Coo	de	Daytime Telep	hone Number			
STREET/COURIER ADDRES 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		Section orporations 7			
Enclos	sed is a check for the following a	mount:						
\$ 70	0.00 Filing Fee	ling Fee & fee of Status		75 Filing Fee & fied Copy	 \$87.50 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. Tripod Education Partners, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY." "CORPORATION," "lnc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 101 Main Street, 14th Floor, Cambridge, MA 02142 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Danni Greenberg Name: 16912 Tobacco Road Office Address: Lutz 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. Dann Greating (Registered agent's signature)

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 Rob Ramsdell Chairman: 101 Main Street, 14th Floor Address: Cambridge, MA 02142 Vice Chairman: ______ Address: ___ Director: __ Address: _____ Director: Address: ____ B. OFFICERS Rob Ramsdell President: 101 Main Street, 14th Floor Address: ___ Cambridge, MA 02142 Vice President: Address: Secretary: __ 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 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.

Rob Ramsdell, CEO and Co-founder

Page 1



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

DELAWARE, DO HEREBY CERTIFY "TRIPOD EDUCATION PARTNERS, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTH DAY OF DECEMBER, A.D. 2017.



Authentication: 203673989

Date: 12-04-17