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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			
Special Instructions to Filing Officer:			

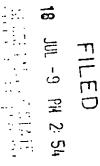
Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporations			
SHDI	BJECT: The English-Speaking Union of the US Central Florida Branch, LLC			
SODI	Name of Corporation – must include suffix			
Dear S	r Sir or Madam:			
Affairs	enclosed "Application by Foreign Not for Profit Corporation for Authorization to Cairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are ster the above referenced not for profit corporation to conduct its affairs in Florida.			
Please	se return all correspondence concerning this matter to the following:			
	Jacqueline Abrams			
	Name of Person	-		
	ESU of the US Central Florida Branch, LLC			
	Firm/Company 841 N. Park Avenue			
		-		
	Address			
	Winter Park, FL 32789	_		
	City/State and Zip Code			
	abrams.jackie@gmail.com			
	E-mail address: (to be used for future annual report notification)			
For fu	further information concerning this matter, please call:			
Jacqu	equeline Abrams 407 399-8004 at ()			
	Name of Person Area Code Daytime Telephone N	lumber		
	Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationP.O. Box 6327Clifton Building	Division of Corporations		
	Tallahassee, FL 32301			
Enclos	losed is a check for the following amount:			
□ \$ 70	Certificate of Status Certified Copy Co	7.50 Filing Fee. ertificate of Stati ertified Copy		

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

The English-Speaking Union of the US Central Florida Branch, LLC (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable) (State or country under the law of which it is incorporated) September 1, 2016 (Date of duration, if other than perpetual) (Date of Incorporation) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) 841 N. Park Avenue, Winter Park, FL 32789 (Principal office address) P.O. Box 758, Winter Park, FL 32790 (Current mailing address, if different) The primary goal of this legal reorganization, now in force, is to provide valuable educational programming and support in accomplishing the mission of the FSUILIS in communities across the country (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) Barbara Hughes Name: 841 N. Park Avenue Office Address: Winter Park, FL 32789 (City) 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.

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 addresses of officers and/or directors FILED
JUL-9 PH 2:54 A. DIRECTORS Chairman: Address: Vice Chairman: Address: Donna Miller Director: 5088 Cypress Branch Point Address: Oviedo, FL 32765 **B. OFFICERS** Barbara Hughes President: 246 Balfour Drive Address: Winter Park, FL 32792 Dr. Maurice O"Sullivan Vice President: 102 S. Interlachen Avenue, #108 Address: Winter Park, FL 32789 Janice McClure Secretary: 2260 Deloraine Trail Address: Maitland, FL 32751 Jacqueline Abrams Treasurer: 456 Carolina Avenue Address: Winter Park, FL 32789 NOTE: It necessary, you may attach an addendum to the application listing additional officers and/or directors. Tresident (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) PRESIDENT Hughes BARBARA

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

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THE ENGLISH-SPEAKING UNION OF THE

UNITED STATES CENTRAL FLORIDA BRANCH, LLC" IS DULY FORMED UNDER THE

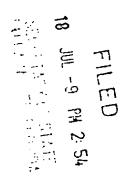
LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FIFTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE ENGLISHSPEAKING UNION OF THE UNITED STATES CENTRAL FLORIDA BRANCH, LLC"
WAS FORMED ON THE FIRST DAY OF SEPTEMBER, A.D. 2016.

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





Authentication: 203013512

Date: 07-05-18

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