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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. NEXGEN SKILLS TRAINING, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "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 | 3. | 83-1259203 |
| (State or country under the law of which it is incorporated) | (FEI number, if applicable) 07/09/2018 (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) DELMAR WAY DELRAY BEACH, (Current mailing address, if different) 8. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: , Florida 33324 (Zip code) Plantation 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. C T Corporation System By: James M. Halpin
Assistant Secretary
(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 oustody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ADDRED KAUSER Chairman: ADDRED KAUSER
A. DIRECTORS
Chairman: Appress Kauser
Address: 809 DELMAR WAY, APT 101, DELLAY BEACH, FL 33483
Vice Chairman:
Address:
Director: JM KEANE
Address: 5016 W OAKWOOD DRIVE, MCHENRY, IL 60050
Director:
B. OFFICERS President: PHOREW KIAUSER Address: SOR DELMAR WAY, APT 101, DELRAY BEACH, FL 33483
Via Davidant
Vice President;
Address:
Secretary: ANDREW KAUSER
Address: 809 DELMAR WAY, APT 101, DELRAY BEACH, FL 33483
Treasurer: ANDREW KAUSER
Address: 809 DELMAR WAY APT 101, DELRAY BEACH, FL 33483
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.
13. PUDEEN KAUSEL, PRESIDENT (Typed or printed name and capacity or person signing application)

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "NEXGEN SKILLS TRAINING, 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 TWENTY-SIXTH DAY OF JULY, A.D. 2018.

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

18 JUL 27 AH IZ: OF SECRETAIN OF STATEMENT O

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You may verify this certificate online at corp.delaware.gov/authver.shtml

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Authentication: 203138787

Date: 07-26-18