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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS



A business advisory and advocacy law firm?

Sonya Thomas, Senior Paralegal E-mail: sthomas@mcdonaldhopkins.com

McDonald Hopkins LLC 300 North LaSalle Street Suite 1400 Chicago, IL 60654

P 1.312.280.0111

F 1.312.280.8232

November 2, 2018

VIA FIRST-CLASS MAIL

State of Florida Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed for filing is an Application by Foreign Limited Liability Company. Certificate of Good Standing and our check in the amount of \$720.00 to cover the cost of late tax fees and filing fees for the same.

If you have questions or require additional information, please contact me.

Sincerely,

Sonya Thomas

SONYA THOMAS, Senior Paralegal

ST/ Enclosure

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.

Middlescholars	Inc.		
(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting bu	siness in Florida)
California	·		
(State or count)	ry under the law of which it is incorporated) 3. (FEI number, if applicable)		
12/17/2015			
(Date	e of incorporation) 5.	(Date of duration, if other than	perpetual)
06/26/2017	, or mesiporation,	(<u> </u>	F -
	(Date first transacted business in	Florida if prior to registration)	
		502, F.S., to determine penalty liability)	
685 Aspen Leaf	Drive, Ponte Verda, FL 32081		
	(Princip	oal office address)	
	(Current mailin	ng address, if different)	9
			38. 188. 188. 188. 188. 188. 188. 188. 1
Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)	DEC
	Shoukat Ali		5 0
Namai			- PH
Name:	685 Asnen Leaf Drive		- 50 .
Name:	685 Aspen Leaf Drive		∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴
	685 Aspen Leaf Drive Ponte Verda	 32081 Florida	STATE RATION 5: 07
	.	, Florida(Zip code)	OF STATE REPORATIONS
fice Address:	Ponte Verda (City)	, Florida	STATE STATE STATE
fice Address: Registered ag	Ponte Verda (City) ent's acceptance:	, Florida (Zip code)	
fice Address: Registered ag wing been nan signated in this	Ponte Verda (City) ent's acceptance: ned as registered agent and to accept servi s application, I hereby accept the appointn	, Florida (Zip code) ice of process for the above stated connent as registered agent and agree to	orporation at the pla o act in this capacity
fice Address: Registered ag wing been nan signated in this other agree to comment to the second sec	Ponte Verda (City) ent's acceptance: ned as registered agent and to accept servi	, Florida (Zip code) ice of process for the above stated co nent as registered agent and agree to relative to the proper and complete p	orporation at the pla o act in this capacity

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 Shoukat Ali Chairman: 685 Aspen Leaf Drive Address: Ponte Verda, FL 32081 Vice Chairman: _____ Shoukat Ali Director: 685 Aspen Leaf Drive Address: Ponte Verda, FL 32081 Director: _ **B. OFFICERS** Shoukat Ali President: 685 Aspen Leaf Drive Address: Ponte Verda, FL 32081 Vice President: Address: _ Shoukat Ali Secretary: 685 Aspen Leaf Drive, Ponte Verda, FL 32081 Address: Shoukat Ali Treasurer: 685 Aspen Leaf Drive, Ponte Verda, FL 32081 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. Shoukat Ali, President

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

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MIDDLESCHOLARS INC.

FILE NUMBER:

C3851487

FORMATION DATE:

12/17/2015

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 02, 2018.

ALEX PADILLA
Secretary of State