

F19000002079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

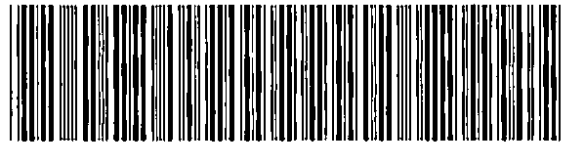
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

File 2nd

Office Use Only



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APR 22 11:44

TALLAHASSEE, FLORIDA

19 APR 22 AM 11:27

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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DEPARTMENT OF STATE
19 APR 20 AM 9 69

April 23, 2019

CT CORP

Corrected. Please use original
file date if possible.

Thank you

SUBJECT: EDUCATION@WORK, INC.
Ref. Number: W19000039505

We have received your document for EDUCATION@WORK, 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):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L15000022044.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 919A00008132

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 4/22/2019

Acc#120160000072

Handwritten signature

Name:	EDUCATION@WORK, LLC
Document #:	
Order #:	70823038 LINE 147

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

THIS IS A 1 - 2 FILING

1. PLEASE PROCESS
WITHDRAWAL

2. PLEASE PROCESS
QUALIFICATION

TO AVOID NAME CONFLICT

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75

Thank you!

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Education@Work, Inc.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

statecommunications@wolterskluwer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified 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:*

1. Education@Work, Inc.
(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.)
E@W, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Ohio 3. 45-4035038
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06-06-2011 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon filing
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 2300 Wall Street, Suite R, Cincinnati, Ohio 45212, United States
(Principal office address)
- 2300 Wall Street, Suite R, Cincinnati, Ohio 45212, United States
(Current mailing address)
- Educational and charitable purposes. In an on-campus college call center environment, to provide job skills training, career aptitude counseling and mentoring to students seeking an undergraduate degree. Students are provided with tuition reimbursement to relieve College debt.
8. (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)
- Name: C T Corporation System
- Office Address: 1200 South Pine Island Road
- Plantation, Florida 33324
(City) (Zip Code)

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.

By: C T Corporation System Ternell Kearney Asst. Secretary
(Registered agent's signature)

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

A. DIRECTORS

Chairman: William D. Hansen

Address: 10 W Market Street, STE 1100 Indianapolis, IN 46204

Director: Scott Fleming
~~XXXXXXXXXX~~

Address: 10 W Market Street, STE 1100 Indianapolis, IN 46204

Director: Thomas Dawson

Address: 10 W Market Street, STE 1100 Indianapolis, IN 46204

Director: Larry Lutz

Address: 10 W Market Street, STE 1100 Indianapolis, IN 46204

B. OFFICERS

President: Larry A. Lutz

Address: 10 W Market Street, STE 1100 Indianapolis, IN 46204

Vice President:

Address:

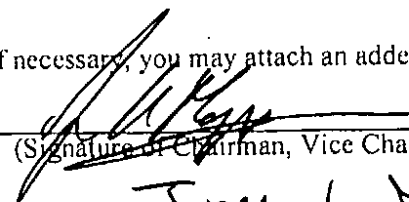
Secretary: Jinee Majors

Address: 10 W Market Street, STE 1100 Indianapolis, IN 46204

Treasurer: Matthew Murphy

Address: 10 W Market Street, STE 1100 Indianapolis, IN 46204

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jinee L. Majors Secretary
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show EDUCATION@WORK, INC., an Ohio not for profit corporation, Charter No. 2026205, having its principal location in Cincinnati, County of Hamilton, was incorporated on June 6, 2011 and is currently in GOOD STANDING upon the records of this office.

RECEIVED
APR 19 2019
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 19th day of April, A.D. 2019.*

A handwritten signature in black ink, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201910902008