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April 3, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DUANE MORRIS LLP

SUBJECT: BRAINSTATION EDUCATION LTD.

REF: W20000034750

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Yvette Scott Document Specialist II FAX Aud. #: H20000099097 Letter Number: 020A00007241

1120000099097

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.

BrainStation Edi	ucation Ltd.		_
(Enter name of co	orporation; must include "INCORPORATED," ` orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	-
BrainStation E	ducation Ltd. Corp.		
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florid	la)
2. Delaware	3.		
(State or countr	3	(FEI number, if applicable)	
4. March 4, 2020	5	(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	!
6	(Date first transacted business in h	E P	$-\frac{111}{2}$
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	2. F.S., to determine behalfy habitity)	C
7 700 S. Rosemary	Ave., Ste. 204-129, West Palm Beach, FL 33401	DRIDE SE)
/·	(Principal office	street address)	_
700 S. Rosemary	Ave., Ste. 204-129, West Palm Beach, FL 3340		
	(Current mailing	address, if different)	
		Day MOT and real of	
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptante)	
Name:	Corporation Service Company		
Office Address:	1201 Hays St.		
	Tallahassee	, Florida 32301	
	(City)	Florida 32301 (Zip code)	
Having been nam designated in this further agree to c	s application, I hereby accept the appointments of all statutes related in the provisions of all statutes related in the accept the obligations of my positions are made accept the acceptance of the appointment of the app	st. VP	apacity. I
	() 0		

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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

H20000099097

A. DIRECTORS			
□Chairman	Name:	□ Chairman	Name: William Konrad
□Vice Chairman	Address: 469 King St. West, Stc. 200	□Vice Chairman	Address: 469 King St. West, Ste. 200
Director	Toronto, Ontario Canada M5V1K4	Director	Toronto, Ontario Canada M5V1K4
■ President		□President	
□Vice President		☐Vice President	
□Secretary	□Treasurer	■ Secretary	D'Treasurer
□Other	Other	☐Other	<u> </u>
□Chairman	Name:	□Chairman	Name: APR -3
□ Vice Chairman	Address:	□ Vice Chairman	Address:
□Director	<u> </u>	□Director	SI F
□President		□President	52 ATE RIDA
□Vice President		□Vice President	
☐ Secretary	☐ Treasurer	□Secretary	□Treasurer
□Other		□Other	
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
ElPresident		ElPresident	
□Vice President		DVice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other	□Other	□Other	Other
Important Notice: individuals may b	Use an attachment to report more than six (6). The attachment to deport more than six (6). The attachment added to the index when filing your Florida Deportment of the second se	ent of State Annual R	eport form.
12.	Signature of Director of	or Officer	
The officer or dire she is aware that f s.817.155, F.S. George Kol	ector signing this document (and who is listed in number false information submitted in a document to the Depart	r 11 above) affirms t	hat the facts stated herein are true and that he or

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

H20000099097

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BRAINSTATION EDUCATION LTD." 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 SECOND DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRAINSTATION EDUCATION LTD." WAS INCORPORATED ON THE FOURTH DAY OF MARCHE A.D. 2020.

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

Authentication: 202699497

Date: 04-02-20

7883430 8300 SR# 20202541748

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

H20000099097

BRAINSTATION EDUCATION LTD.

April 1, 2020

Florida Dept. of State Division of Corporations 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re: Use of Name "BrainStation Education LP"

To Whom it May Concern:

Please be advised that the undersigned hereby grants consent to the use of the nar "BrainStation Education LP" in the State of Florida.

BRAINSTATION EDUCATION LTD.

Name: George Konrad

Title: President

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