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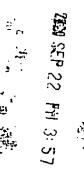
(Requ	uestor's Name)		
(Address)			
(Addı	ress)		
(City)	/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
ر 			
(Doci	ument Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
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Office Use Only



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CORPORATE

When you need ACCESS to the world

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

WALK III				
	PICK	UP: <u>09/22/2020</u>		
	CERTIFIED COPY			
хх	РНОТОСОРУ			
	CUS			
хx	FILING	INC		
l.	7EDU IMPACT ACADEM (CORPORATE NAME AND DOCUM			
2.				
•	(CORPORATE NAME AND DOCUM	ENT#)		
3.	(CORPORATE NAME AND DOCUM	ENT #)	2020 5	
1. 5.	(CORPORATE NAME AND DOCUM	ENT#)	2% F:: 12:	
	(CORPORATE NAME AND DOCUM	ENT #)		
5.	(CORPORATE NAME AND DOCUM	ENT #)		
SPECIA NSTRU	L ICTIONS:			

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.

	able in riorida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florida
Delaware			
(State or counti	3. y under the law of which it is incorporated)	(FEI number, it applica	ble)
11 11 2019	5		
(Date	5. of incorporation)	(Date of duration, if other than j	perpetual)
·	T-10		
	(Date first transacted business in	n Florida, if prior to registration) 602, F.S., to determine penalty liability)	
10050 Bubb, Rd	Ste 2. Cupertino, CA 95014	val. (13., whereman penalty habitity)	
		ce street address)	·
	(Current mailin	g address, if different)	
			<i>⊢</i> 2
Name and <u>stre</u>	et address of Florida registered agent: (P.C). Box NOT acceptable)	2979 5
Name and <u>street</u>	et address of Florida registered agent: (P.C. Registered Agents Inc.). Box <u>NOT</u> acceptable)	2070.5
Name:). Box <u>NOT</u> acceptable)	2020.5 " 21,
	Registered Agents Inc. 7901 4th St N, Ste 300		2020.5 51, 1
Name:	Registered Agents Inc. 7901 4th St N, Ste 300). Box NOT acceptable) Florida 33702 (Zip code)	2070 5 51: 1:12:1.9

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.

(Registered agent's signature)

A. DIRECTORS						
□Chairman	Name:	□Chairman	Name: Bryant A. Tavira			
□Vice Chairman	Address: 3369 Kirkwood Drive	□Vice Chairman	Address: 10052 Bubb Road, Suite 2			
Director	San Jose, CA 95117	Director	Cupertino, CA 95014			
■President	, , , , , , , , , , , , , , , , , , ,	□President				
□Vice President		■Vice President				
□Secretary	■ Treasurer	Secretary	□Treasurer			
□Other	Other	□Other	Other			
□ Chairman	Yan Liu Name:	□ Chairman	Name;			
□Vice Chairman	Address: 4980 Moorpark Ave.	□Vice Chairman	Address:			
#Director	San Jose, CA 95129	□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	□ □ Other	□Other	□Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address: :9			
□Director		□Director				
□Presidem		□President	12:			
□Vice President		□Vice President				
□ Secretary	☐ Treasurer	☐ Secretary	□Treasurer			
□Other		□Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. 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. Bryant A. Tavira, Secretary



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

DELAWARE, DO HEREBY CERTIFY "7EDU IMPACT ACADEMY 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 EIGHTEENTH DAY OF SEPTEMBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "7EDU IMPACT

ACADEMY INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF NOVEMBER,

A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

BEEN PAID TO DATE.

) S. . . 24 . L. L. . . .



Authentication: 203685019

Date: 09-18-20



September 23, 2020

CORPORATE ACCESS INC

SUBJECT: 7EDU IMPACT ACADEMY INC.

Ref. Number: W20000109525

We have received your document for 7EDU IMPACT ACADEMY INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 520A00018250