

2/8/2021

Division of Corporations

F210000534673

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H210000534673ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
HOBSONS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$670.00

Electronic Filing Menu

Corporate Filing Menu

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850-617-6381 2/15/2021 9:59:31 AM PAGE 1/001 Fax Server



February 15, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSC

SUBJECT: HOBSON'S EDUCATIONAL SERVICES, INC.
REF: W21000020179

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.

Apologies for the oversight. The penalty fees are \$600.00 (\$150.00 for each year for 2018, 2019, 2020 and 2021) plus the \$70.00 filing fee

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

FAX Aud. #: H21000053467
Letter Number: 821A00003314

COVER LETTER

TO: Registration Section
Division of Corporations
Hobsons, Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Contracts Department

Name of Person
Hobsons, Inc.

Firm/Company
400 E-Business Way

Address
Cincinnati, OH 45241

City/State and Zip code
contracts@hobsons.com

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

For further information concerning this matter, please call:

Harry Lydon 513 924-3308

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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

DocuSign Envelope ID: B169FD37-E78C-4382-A448-9D8FD95DFC21

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.

Hobsons, Inc.

1. _____
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Hobsons Educational Services, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Delaware 82-1863496

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
06-06-2017

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6/6/2017

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
400 E-Business Way, Suite 400, Cincinnati, OH 45241

7. _____
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Corporation Service Company

Name:

1201 Hays Street

Office Address:

Tallahassee

32301

(City)

Florida

(Zip code)

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.

Corporation Service Company

By: [Signature]

(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 custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

DocuSign Envelope ID: 8169FD37-E78C-4362-A448-9DBFD95DFC21

A. DIRECTORS

Matthew Kelman

☐ Chairman Name: _____
 53 West 23rd Street,
☐ Vice Chairman Address: 12 Floor
 New York, NY 10010
☐ Director _____
☐ President _____
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
 Asst. GC
☒ Other _____ ☐ Other _____

Thomas Laurin

☐ Chairman Name: _____
 3033 Wilson Blvd.
☐ Vice Chairman Address: Suite 500
 Arlington, VA 22201
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☐ Other _____ ☐ Other _____

Kathryn Cassino McHugh

☐ Chairman Name: _____
 3033 Wilson Blvd. Suite 500
☐ Vice Chairman Address: _____
 Arlington, VA 22201
☒ Director _____
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

Erik Levy

☐ Chairman Name: _____
 51 Astor Place
☐ Vice Chairman Address: _____
 New York, NY 10003
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

Ravinder Chandhok

☐ Chairman Name: _____
 53 West 23rd Street, 12 Floor
☐ Vice Chairman Address: _____
 New York, NY 10010
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ 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. DocuSigned by:
Tom Laurin _____
 0A50098328A3489... 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.

Thomas Laurin/Treasurer

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOBSONS, 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 EIGHTH DAY OF FEBRUARY, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOBSONS, INC." WAS INCORPORATED ON THE SIXTH DAY OF JUNE, A.D. 2017.

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



6436847 8300

SR# 20210370380

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202462677

Date: 02-08-21