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COVER LETTER

	gistration Section vision of Corporations				
SUBJEC	A DOLLO EDUCATION EVET	EMS, INC.			
SUBJEC		corporation - r	nust include suffix		
Dear Sir o	r Madam:				
"Certificat	sed "Application by Foreign Corp e of Existence," or "Certificate of renced foreign corporation to tran	Good Standin	ig" and check are subn		
Please retu	ırn all correspondence concerning	this matter to	the following:		
BRADLEY	BLANKENSHIP				
		Name of Per	rson		
APOLLO I	EDUCATIONS SYSTEMS, INC.				
		Firm/Compa	ny		
19600 FAI	RCHILD ROAD, SUITE 350				
_		Address			
IRVINE, C	A 92612				
	(City/State and	Zip code		
BBLANK	NSHIP@APOLLOK12.COM				
	E-mail address: (to be used for	future annual report no	otification)	
For furthe	r information concerning this matt	er, please call	:		
BRADLEY	(BLANKENSHIP 916 599-2003				
N	ame of Person	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please mak	s a check for the following amount check payable to: FLORIDA DEP Filing Fee \$78.75 Filing l Certificate of	ARTMENT O Fee & \$ \begin{array}{c c c c c c c c c c c c c c c c c c c	F STATE 78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

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.

1. APOLLO EDU	APOLLO EDUCATION SYSTEMS, INC.						
(Enter name of c	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORA	TION,"				
(If name unavail	able in Florida, enter alternate corporate name		sacting business in Florida)				
2. <u></u>		3. <u>87-1928347</u>					
08/05/2021	y under the law of which it is incorporated) 5.	(FEI number,	(FEI number, if applicable)				
(Date	of incorporation)	(Date of duration, if o	other than perpetual)				
6.							
7	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501 LD ROAD, SUITE 350 IRVINE, CA 92612	502, F.S., to determine penalty l					
	(Principal offi	ce <u>street</u> address)					
	(Current mailin	g address, if different)	66 5 M				
8. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	MHH: 26 STATE SLORDA				
Name:	InCorp Services, Inc.		26				
Office Address:	17888 67th Court North						
	Loxahatchee	, Florida ³³⁴⁷⁰					
	(City)	(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.

Xelsie Stacy Kelsie Stacy on behalf of InCorp Services. Inc.

(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.

A. DIRECTORS **BRADLEY BLANKENSHIP** Chairman Chairman 19600 FAIRCHILD ROAD □Vice Chairman Address: ☐ Vice Chairman Address: _____ SUITE 350 □ Director □ Director IRVINE, CA 92612 President ☐ President ☐Vice President ☐ Vice President □ Secretary ☐Treasurer ☐ Secretary Treasurer □Other _____ □Other ☐ Other _____ Other Chairman ☐ Chairman Name: ____ □Vice Chairman Address: _____ ☐ Vice Chairman Address: Director □ Director ☐ President President □Vice President ____ ☐Vice President ☐ Secretary Treasurer ☐ Secretary □Treasurer ☐ Other _____ □Other ____ □Other _____ □ Chairman Name: □ Chairman Name: □Vice Chairman Address: _____ ☐ Vice Chairman Address: □ Director □ Director ☐ President ☐ President □Vice President _____ ☐ Vice President ☐ Secretary Treasurer □ Secretary Treasurer □Other _____ □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. 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.

BRADLEY BLANKENSHIP



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

DELAWARE, DO HEREBY CERTIFY "APOLLO EDUCATION SYSTEMS, 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 THIRTY-FIRST DAY OF AUGUST,

A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APOLLO EDUCATION SYSTEMS, INC." WAS INCORPORATED ON THE FIFTH DAY OF AUGUST, A.D. 2021.

Authentication: 204055433

Date: 08-31-21