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DATE: 11/19/2021

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| TO: | _ | Registration Section Division of Corporations | | | | | |
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| cum I | ECT. | Village Education To | utors Fou | ndation | | | |
| SUBJ | ECT: | Name of (| Corporatio | n – must incl | ude suffix | | |
| Dear S | ir or Mada | m: | | | | | |
| Affairs | in Florida | oplication by Foreign Not ", "Certificate of Existend referenced not for profit | ce", or "Ce | rtificate of S | tatus" and che | ck are submitted to | |
| Please | return ail | correspondence concernir | ng this mat | ter to the foll | lowing: | | |
| | | Em | ily Christia | | | . <u></u> | |
| | _ | | Name of | Person | | | |
| | | Laura S | Solomon a | nd Associate | s | | |
| | _ | | Firm/Co | ompany | | | |
| | | | | | | | |
| | _ | | | | | | |
| | | | 121 Sible | y Avenue | | | |
| | _ | | Add | | | | |
| | | | Ardmore | PA 19003 | | | |
| | - | Ci | ty/State ar | id Zip Code | | - | |
| | | em | ily@laura | solomonesq. | com | | |
| | _ | E-mail address: (to be | | | | ition) | |
| For fur | ther infon | nation concerning this ma | itter, pleas | e call: | | | |
| E | mily Chris | stian, Esq. Name of Person | at (_ | 610 Area Code | 645-0992 Daytime Tel | ephone Number | |
| | Mailing A | Address: | | Street A | | | |
| Registration Section | | | | Registration Section Division of Corporations | | | |
| Division of Corporations P.O. Box 6327 | | | | The Centre of Tallahassee | | | |
| Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32303 Tallahassee, FL 32303 | | | | | | | |
| Enclos | ed is a che | ck for the following amor | unt: PARTME | NT OF STAT | E | | |
| | .00 Filing | | Fee & | □\$78.75 Fi Certifie | ling Fee & | ☐\$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:

| 1201 N Orange Street ,Suite 7004, Wilmington, DE 19801 (Principal office street address) (Current mailing address, if different) To provide services to students and families geared towards closing the gap in academic proficiency focusing on tutoring surpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) arme and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Solutions Inc 155 Office Plaza Drive, Suite A | f name unavail | able in Florida, enter alternate corporate | name adopted | for the purpose of transacting bu | siness in Florida) |
|--|--|--|---|--|--|
| Object of Incorporation 10 10 10 10 10 10 10 1 | Delawar | re | 3. | 85-2934458 | |
| Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liabit 1201 N Orange Street, Suite 7004, Wilmington, DE 19801 (Principal office street address) (Current mailing address, if different) To provide services to students and families geared towards closing the gap in academic proficiency focusing on tutoring Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Solutions Inc 155 Office Plaza Drive, Suite A | | | | | |
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| wing been named as registered agent and to accept service of process for the above stated corporation at the | Purpose(s) of co | (Current many vices to students and families geared town reporation authorized in home state or constandants of Florida registered agent: Registered Agents Solutions Inc. 155 Office Plaza Drive, Suite A Tallahassee, Florida (City) Ingent's acceptance: The description of the second state of the secon | vards closing to untry to be care: (P.O. Box N | ne gap in academic proficiency for ried out in the state of Florida) OT acceptable) 32301 (Zip Code) | 2021 NOV 19 AM 9: 48 Proporation at the pl |
| rving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa Ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m d I am familiar with and accept the obligations of my position as registered agent. | Purpose(s) of converge of conv | (Current ina vices to students and families geared tow rporation authorized in home state or contaddress of Florida registered agent: Registered Agents Solutions Inc 155 Office Plaza Drive, Suite A Tallahassee, Florida (City) Igent's acceptance: Indeed as registered agent and to accept the application, I hereby accept the application of all states. | vards closing to untry to be care: (P.O. Box Note: P.O. Box Note: t service of proposition of the pointment as lates relative | ne gap in academic proficiency for ried out in the state of Florida) OT acceptable) 32301 (Zip Code) rocess for the above stated con registered agent and agree to to the proper and complete per state of the proper | Proporation at the place in this capaci |

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

| A. DIRECTO | | | | | | | |
|--|-----------------------------------|-------------------|---------------------------------|--|--|--|--|
| □Chairman | Name: Shawnickque Kent | □ Chairman | Name: James Seth Thompson | | | | |
| □Vice Chairman | Address: 528 Spring Hollow Drive | □Vice Chairman | Address: 8108 Cadwalader Avenue | | | | |
| ⊠ Director | Middletown, DE 19709 | ⊠Director | Elkins Park, PA 19027 | | | | |
| ☑President | | □President | | | | | |
| □Vice President | | □Vice President | | | | | |
| ⊠ Secretary | ∑ Treasurer | Secretary | Treasurer | | | | |
| Other: | Other: | □Other: | Other: | | | | |
| | Keith Daviston | | Name: Brent Sanders | | | | |
| □ Chairman | Name: Keith Daviston | □ Chairman | Name: | | | | |
| □Vice Chairman | Address: 1601 N Phillip Street | □Vice Chairman | Address: 1123 Donna Drive | | | | |
| ĭ X Director | Philadelphia, PA 19122 | ☑ Director | Fort Washington, PA 19034 | | | | |
| □President | | □President | | | | | |
| □Vice President | | □Vice President | | | | | |
| ☐ Secretary | Treasurer | Secretary | □Treasurer | | | | |
| □Other: | ☐ Other: | Other: | Other: | | | | |
| | | | | | | | |
| □ Chairman | Name: Kinyta Smalls | □ Chairman | Name: Pamela Gresham | | | | |
| □ Vice Chairman | Address: 73 Calle Washington #502 | □Vice Chairman | Address: 9 Simpson Place | | | | |
| ⊠ Director | San Juan, PR 00907 | ⊠ Director | Middleton, DE 19709 | | | | |
| □President | | □President | | | | | |
| □Vice President | | □Vice President | | | | | |
| Secretary | □Treasurer | □ Secretary | ☐ Treasurer | | | | |
| □Other: | Other: | Other: | □Other: | | | | |
| NOTE: 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 Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application) | | | | | | | |

Exhibit

A. Additional Director:

Angel Dowling 68 Hempstead Drive Newark, DE 19702



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

DELAWARE, DO HEREBY CERTIFY "VILLAGE EDUCATION TUTORS FOUNDATION"

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 TWENTY-EIGHTH DAY OF

OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION

IS AN EXEMPT CORPORATION.

Authentication: 204535220

Date: 10-28-21