Faa000000601

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
()	,	
(0)	10: 1 57: 10:	
(Cit	ry/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
,	•	,
	cument Number)	
(50	cament Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
	· ······g ····························	

Office Use Only



000379605560

11 1172 0.111 10 **** 75.75

2022 JAN 19 AM 11:57 SECRETARY OF STATE TALLAHASSEE, FLORID



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HackEDU, Inc.	
	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this m	eatter to the following:
Jared Ablon	
Nam	e of Person
HackEDU, Inc.	
Firm/	Company
1132 19th Street #3	
	Address
Santa Monica, CA 90403	
City/Sta	ate and Zip code
taxes@hackedu.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Name of Person at (80)	04) 742-2633 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 DEPARTM \$\sumsymbol{\text{T}}\$\$ \$778.75 Filing Fee & Certificate of Status	ENT OF STATE \$\Boxed{\subseteq}\$ \$\$78.75 \text{ Filing Fee & } \Boxed{\subseteq}\$ \$\$87.50 \text{ Filing Fee,} \text{ Certificate of Status & } \text{ 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.

(If name unavail	able in Florida, enter alternate corporate name a		business in Florida)	
<u>Delawar</u>		37-1873520		
•	y under the law of which it is incorporated)	(FEI number, if appli	icable)	
Novemb	er 6, 2017 ₅			
	·	5(Date of duration, if other than perpetual)		
Expected	Date: February 2, 2022 (New			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		`	
1132 10tk	St. Unit 3 Santa Monica	1) 011.0	,	
1102 190		e street address)		
8 The Gr	een STE B Dover DE 1990	- 		
o me an		address, if different)		
	(1	,		
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	~ 2	
		.C	nz.	
Name:	Northwest Registered Agent Ll			
Name:				
Name:	7901 4th St N STE 300		RETARY AHASSE	
	7901 4th St N STE 300		RETAIN OF AHASSEE, F	
ffice Address:	7901 4th St N STE 300 St. Petersburg		RETARY OF STA	
ffice Address: Registered age	7901 4th St N STE 300 St. Petersburg (City)	, Florida 33702 (Zip code)	2022 JAN 19 AM 11: 57	
ffice Address: Registered age	7901 4th St N STE 300 St. Petersburg	, Florida 33702(Zip code)	orporation at the place	

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]:

•	•	
A.	DIRECTORS	

□Chairman	Name: Joseph Ferrara	□Chairman	Name:		
□Vice Chairman	Address:	☐ Vice Chairman	Address:		
Director	2645 Timberglen Drive	□Director	· · ·		
President	Wexford PA 15090	President			
□Vice President		□Vice President			
Secretary	Treasurer	☐ Secretary		□Treasurer	
□Other	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		□ 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		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. Description Company Comp					
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. Joseph Ferrara, CEO
(Typed or printed name and capacity of person signing application)



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

DELAWARE, DO HEREBY CERTIFY "HACKEDU, 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 TWENTY-FIRST DAY OF DECEMBER, 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 "HACKEDU, INC."

WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 205051915

Date: 12-21-21