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### **COVER LETTER**

	Registration Section Division of Corporations		
SUBJE	CT. MarcoPolo Learning Inc.		
CODOL		ion - must include suffix	
Dear Sir	or Madam:		
"Certific	osed "Application by Foreign Corporation f ate of Existence," or "Certificate of Good S ferenced foreign corporation to transact bus	tanding" and check are submitted to	
Please re	turn all correspondence concerning this mat	iter to the following:	
Justin Hs	u		
_	Name	of Person	
MarcoPol	lo Learning Inc		
115 Broad	Firm/C dway, 7th Floor	ompany	2022 HAR
	Ad	dress	- o
New Yor	k, NY 10006		P 11
justin@m	City/State arcopololearning.com	e and Zip code	77 5
	E-mail address: (to be use	ed for future annual report notification	on)
For furth	er information concerning this matter, pleas	e call:	
Justin Hsu at ( ) 646764		6467643222	
1	Name of Person Area C	ode Daytime Telephone Nui	nber
F 13 T 2	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee R415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns
Please ma	is a check for the following amount: ke check payable to: <b>FLORIDA DEPARTME</b> O Filing Fee S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$8° Certified Copy Ce	7.50 Filing Fee, ertificate of Status & ertified Copy

under the law of which it is incorporated.

## 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.

MarcoPolo Lea	rning Inc.			
(Enter name of o	corporation; must include "INCORPORATED," "Corp." "Inc." "Co." or "Corp.")	COMPANY." "CORPORATION	ON,"	
(If name unavai	lable in Florida, enter alternate corporate name ado	opted for the purpose of transact	ing business in Florida)	
Delaware 2.	3 46	3. 46-1050611		
(State or count	State or country under the law of which it is incorporated) (FEI number, if applicable)			
·	(Date of incorporation)  5. (Date of duration, if other than position)		r than perpetual)	
6 115 Broadway, 7	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502) th Floor, New York, NY 10006		ility)	
l. <u></u>	(Principal office s	street address)	2022 HAR 16	
8. Name and stree	(Current mailing a et address of Florida registered agent: (P.O. B	ddress, if different)  Box NOT acceptable)	R 6 PH	
Name: Office Address:	Farly Education Ven 1400 Village Square Boulevard, Suite 3	Hures LLC	(注: OB ) (注: OF ) (T: OF ) (	
	Tallahassee	, Florida 32312(Zip code)		
	(City)	(Zip code)		
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service of application, I hereby accept the appointment to the appointment of all statutes relatively with the provisions of all statutes relatively with and accept the obligations of my positions.	t as registered agent and agi tive to the proper and compl	ree to act in this capacity. I	
_	DocuSigned ENAIN (A E2BD96F1E	1 by: Goldman 573427_		
	(Registered agent's signa	ture)		

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

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

#### DocuSign Envelope ID: 3D64BC18-FBAD-49E5-95FC-138924102667

	Justin Hsu (Director & CEO)			
☐ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	New York	Director		
□President	NY, 10013	□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	<u> </u>	7072 □Othe
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name:	70
□Director		□Director		. 50
□President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	□Secretary		□Treasurer
Other	Other	□Other		□Other
mportant Notice: Individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Department	e attachment will be imaged artment of State Annual Rep	for reporting pur out form.	poses only. Non-indexed
12	Signature of Direct	panel by		

13. Justin Hsu (CEO & Director)

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

s.817.155, F.S.

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MARCOPOLO LEARNING, 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 SIXTEENTH DAY OF MARCH, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARCOPOLO LEARNING, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2012.

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

at corn delaware gov/aut

Authentication: 202924635

Date: 03-16-22

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