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## Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

## ORDER FORM

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051 FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 5/3/2022

**PRIORITY** Regular Approval

OUR REF\_#\_(Order\_ID#) 1033384

ORDER ENTITY\_

THE CENTER FOR INTERNATIONAL EDUCATION, INC.

### PLEASE PERFORM THE FOLLOWING SERVICES:

THE CENTER FOR INTERNATIONAL EDUCATION, INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

Email address for annual report reminders: legal@participatelearning.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, May 3, 2022 Page 1 of I

## •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.

	corporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION	N."
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transactir	ng business in Florida)
North Carolina	3	5-1590475	
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	pplicable)
4. 11/20/1987	5.		
(Date	(Date of incorporation) 5. (Date of duration, if other the state of th		than perpetual)
6			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		ity)
7. <sup>201</sup> Sage Road, S	uite 200, Chapel Hill NC 27514		
· · · · · · · · · · · · · · · · · · ·	(Principal offic	ce street address)	
	(Current mailing	g address, if different)	202
9 Mama and at-	or address of Cloride as six and a cost (D.O.	Day NOT	Fil. 2022 MAY - 4 1247 1548 154
6. IName and stree	et address of Florida registered agent: (P.O Incorporating Services, Ltd.	. Box <u>NOT</u> acceptable)	
Name:	meorporating services, t.tu.		
Office Address:	1540 Glenway Drive	<del></del>	<b>E</b> 500
Tallahassee	Tallahassee	. Florida <sup>32301</sup>	AH 11: 23
	(City)	(Zip code)	ω
9. Registered ag	ent's acceptance:		
Having been nan	ied as registered agent and to accept servic	ce of process for the above stated	d corporation at the place
	application, I hereby accept the appointm comply with the provisions of all statutes re		
	with and accept the obligations of my pos		<i>,</i> ,,
	Meliosa A Moseau (Registered agent's sig		
_	The state of the s		<del></del>

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 David B Young Fred Young □ Chairman Name: ■ Chairman Name: 201 Sage Road 201 Sage Road Address: ☐ Vice Chairman □Vice Chairman Address: Suite 200 Suite 200 ☐ Director □ Director Chapel Hill NC 27514 Chapel Hill NC 27514 ■ President □President ☐ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer □ Secretary □ Treasurer ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_ Other \_\_\_\_\_ Felix Muriithi Thomas H Lee Name: □ Chairman ☐ Chairman Name: 201 Sage Road 201 Sage Road □Vice Chairman Address: ☐ Vice Chairman Address: Suite 200 Suite 200 □ Director □ Director Chapel Hill NC 27514 Chapel Hill NC 27514 □ 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 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.

David B Young



## NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

## THE CENTER FOR INTERNATIONAL EDUCATION, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 20th day of November, 1987, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of May, 2022.

Elaine I Marshall

Secretary of State