(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000386831990

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 673781 7363367	
AUTHORIZATION: Spelle le man	
COST LIMIT : \$70'.00	
ORDER DATE : May 12, 2022	·
ORDER TIME : 7:31 AM	
ORDER NO. : 673781-005	
CUSTOMER NO: 7363367	202
FOREIGN FILINGS	5 -
NAME: CAMPUSEAI, INC.	PN 3: 06
XXXX_ QUALIFICATION (TYPE: CO)	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Alexxis Weiland EXT#	

EXAMINER: ____

COVER LETTER

TO:	Registration Division of	n Section Corporations			
SUBJ	ECT: Camp	pusEAI, Inc.			
50130			e of corporation -	must include suffix	
Dear S	Sir or Madam:	:			
"Certi	ficate of Exist		ate of Good Stand	ing" and check are sub	et Business in Florida," mitted to register the
Please	return all cor	respondence conce	rning this matter t	o the following:	
Jamaal	Coleman				
			Name of P	erson	
Olendo	erFeldman, LL	Р			
			Firm/Comp	any	
422 M	orris Ave				
-		·	Addres	s	
Summ	it, NJ 07901				
		·	City/State and	d Zip code	
jcolem	an@olenderfel				
		E-mail addre	ess: (to be used fo	r future annual report r	notification)
For fu	ther informat	tion concerning this	matter, please ca	II:	
Jamaal	Coleman	eman at (908) 964-2446			
	Name of Po	erson	Area Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please 1			DEPARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

CampusEAI, Inc.			
	orporation: must include "INCORPORATED," "(orp.," "Inc.," "Co.," or "Corp.")	COMPANY," "CORPORATIO	v'
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	g business in Florida)
Ohio	3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
04/15/2010 4.	5.		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
ó.			
, 936 SW 1st Ave .	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, Suite 413 Miami, FL 33130		ty)
	(Principal office s	treet address)	
	(Current mailing ac	ddress, if different)	2022 TAL
3. Name and stree	et address of Florida registered agent: (P.O. B	ox NOT acceptable)	2022 HAY 16 SELPCTUE FALL AHASS
Name:	Corporation Service Company	_	/*·>
Office Address:	1201 Hays Street	_	PH 3
	Tallahassee	, Florida	1 3: 06 LORIDA
	(City)	(Zip code)	<i>p</i> -

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.

(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					
□Chairman	Name:	□Chairman	Name: Alejand	ro Gonzalez	
□Vice Chairman	Address:	□Vice Chairman	Address:	W 1st Ave	
Director	Suite 413	□Director	Suite 413	<u> </u>	
□President	Miami, FL 33130	□President	Miami, FL 331	30	
□Vice President		□Vice President			
☐ Secretary	□Treasurer	□Secretary		Treasurer	
Other CEO	Other	Other		□Other	
□Chairman	Name:	□Chairman	Nama		
	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. SignNow e-signature 10, 4402004 169 OS/04/2022 14 24:17 UTC 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.

13. Anjli Jain, Chief Executive Officer

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CAMPUSEAI, INC., an Ohio corporation, Charter No. 1930477, having its principal location in Cleveland, County of Cuyahoga, was incorporated on April 15, 2010 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 13th day of May, A.D. 2022.

Ohio Secretary of State

A folia

Validation Number: 202213303132