## F88000005290

(Requestor's	Name)				
(Address)					
(Address)					
(Address)					
(City/State/Z	ip/Phone #)				
PICK-UP V	VAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Ce	ertificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



500389867795

08/16/22+-01012+-026 +\*70.00



T. LEMIEUX AUG 2 2 2022

## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJ	ECT:	Braintrust Tutors Inc.			
		Name of	corporation	- must include suffix	
Dear S	ir or M	adam:			
"Certif	icate of	"Application by Foreign Corp Existence," or "Certificate of ced foreign corporation to train	f Good Stan	iding" and check are submit	
Please	return :	all correspondence concerning	g this matter	to the following:	
Albert	Nahmac	I			
			Name of	Person	
Braintr	ust Tute	ors Inc.			
	-		Firm/Corr	npany	
9350 S	outh Di:	xie Highway, Suite 220			
			Addre	ess	
Miami.	, FL 331	56			
			City/State a	nd Zip code	
albert@	gbraintr	usttutors.com			
		E-mail address:	to be used f	for future annual report noti	fication)
For fur	ther inf	ormation concerning this mat	ter, please c	call:	
Jennife	r Mende	elsohn	at ( ) 207-7673		
	Name	of Person	Area Cod	e Daytime Telephon	e Number
	Regist Divisi The C	CET/COURIER ADDRESS: tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING ADD Registration Sect Division of Corpo P.O. Box 6327 Tallahassee, FL	ion orations
Please 1		check for the following amou eck payable to: FLORIDA DEF ng Fee	ARTMENT		☐ \$87.50 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.

Braintrust Tutor	s Inc.		
	orporation; must include "INCORPORATED." * orp," "Inc." "Co." or "Corp.")	COMPANY," "CORPORATI	ON,"
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transac	ting business in Florida)
Delaware	3 88	3-0545748	
(State or country under the law of which it is incorporated)  January 18, 2022  5.		(FEI number, if applicable)	
January 18, 2022 5,		(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1503	lorida, if prior to registration) . F.S., to determine penalty liab	oility)
9350 South Dixie	Highway, Suite 220, Miami, Fl. 33156		
	(Principal office	street address)	•
Name and stree	at address of Florida registered agent: (P.O. I Albert Nahmad	Box <u>NOT</u> acceptable)	erič na
ffice Address:	9350 South Dixie Highway, Suite 220		1022
	Miami	Florida 33156	2022 AUG 16 PI
	(City)	(Zip code)	0.00
laving been nam esignated in this orther agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the obligations of my posit	nt as registered agent and ag tive to the proper and comp	ted corporation at the plac gree to act in this capacity
<i>y</i>			

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 Name: \_\_\_\_\_ Name: \_\_\_\_\_ Koffmann □ Chairman □ Chairman □Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_ 9350 S Dixie Highway, Suite 220 9350 S Dixie Highway, Suite 220 Director ■ Director Miami, FL 33156 Miami, FL 33156 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 \_\_\_\_\_ □Chairman $\square$ Chairman Name: \_\_\_\_\_\_\_ Name: □Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: □ Director □ Director □President □ President □ Vice President ☐Vice President ☐Treasurer □ Secretary □ 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. ut and 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.

Albert Nahmad

Page 1



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

DELAWARE, DO HEREBY CERTIFY "BRAINTRUST TUTORS 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 EIGHTH DAY OF AUGUST, A.D. 2022.

Authentication: 204114348

Date: 08-08-22