

(Re	questor's Name)	
(Ad	dress)	
	ldress)	
DA)	idiess)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Na	me)
(80	isiness chiry war	inc)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
<u> </u>		
Special Instructions to	Filing Officer:	
l		

Office Use Only



200398136032

12/05/22--01027--004 **70.00

18:2.101 013

S. FRANKLIN DEC 14 2022

COVER LETTER

	Registra Division	n of Cor	poration										
SUBJE	ECT:	Ma	URA	TOGL Name	<u>.</u>	ACP	DEN	74 U.	S.F	اطلأ	りいろん	· , <u>=</u>	nc
	_	·		Name	of corpor	ation -	must	include su	ıNix			_	
Dear Si	r or Mad	iam:											
"Certific	cate of E	xistence	с," ог "	Foreign Co Certificate ration to to	of Good	Stand	ing" ar	nd check a					
Please r	eturn all	corresp	ondenc	e concerni	ing this n	natter t	o the f	ollowing:					
(i	3art	عمره	, \	J 22 a	Λ							, C	.3
	•		•		Nan	ne of P	erson		-				-
1	Mal	om	. (Jonso	oith	9							_
					Firm	/Comp	any	-					_0
	8788	3 5	sha	reha	m è	Dr ,	A	pt 11					
				1 WOC	4	Addres	35		9				
										_			
6	ber	sen	∩ ⇔∪ E-m	$\land @ n$	$\frac{\langle a \rangle}{s: (to be)}$	used fo	r futur	e annual i	eport	notific	ation)		
For furt	her info	rmation		ning this n	,				r		,		
Ba	rbar	a ()	<u>an</u>	at (3	23)	617	L	184	6		
	Name o	of Perso	n		Area	Code	_/	Daytime	Tele	phone 1	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								
Please m		k payabl	le to: FL	owing ame ORIDA D 78.75 Filin Certificate	EPARTM 1g Fee &		\$78.75	ATE 5 Filing F ied Copy	ee &			_	Status &

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. MOURATOGLOU ACADEMY U.S. HOLDINGS, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. DELAWARE

(State or country under the law of which it is incorporated)

(FEI number, if applicable) 4. CLI 26 2021 5. (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 7901 4th St N, Ste 300 St Petersburg, FL 33702 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: St Petersbourg, Florida 33702 (Zip code) 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. Bill Havre

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

under the law of which it is incorporated.

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

A. DIRECTORS					
Li Chairman	Name: Patrick Movintaglov	L. Chairman	Name:		
□Vice Chairman	Address: To Halam Consulting	□Vice Chairman	Address:		
□Director	8788 Shoreham Dr	☐ Director			_
	april	President			
☐Vice President	West Hollywood CA 90069	□Vice President			
Secretary	OTreasurer	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 Chairmen	Address:		
Director		Director			<u></u>
☐ Prosident		☐ President			.`. -
□Vice President		□Vice President			
☐Secretary	☐ Treasurer	Secretary		Treasurer	
Other		Other		Other	
	Use an attachment to report more than six (6). The attac e added to the index when filing your Florida Departme			urposes only. Non-indexed	i
12.	Signature of Director of				
	ector signing this document (and who is listed in number (also information submitted in a document to the Depart	r 11 above) affirms to ment of State constit	utos a third degre		
	(Typed or printed name and capacity of person	on signing applicatio	n)		



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

DELAWARE, DO HEREBY CERTIFY "MOURATOGLOU ACADEMY U.S. HOLDINGS,

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

NOVEMBER, 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 "MOURATOGLOU

ACADEMY U.S. HOLDINGS, INC." WAS INCORPORATED ON THE TWENTY-SIXTH

DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

BEEN PAID TO DATE.

Authentication: 204906500

Date: 11-21-22

5874040 8300 SR# 20224070872