# F230000 01533

(Re	equestor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	(س	379818		

Office Use Only



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#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Studystream, Inc.				
SUBJECT:	ame of corporation -	· must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate above referenced foreign corporation	icate of Good Stand	ing" and check are submitted to		
Please return all correspondence con	cerning this matter t	o the following:		
David Harmon	Name of P			
SoCo Tay and Claud Association In		erson		
SoCo Tax and Cloud Accounting, In			<del></del>	
Firm/Company				
6108 Chumuckia Hwy	Addres			
Pace, FL 32511	Addres	S	 - <del></del>	
	City/State and	d Zin code	- 1 • *	
support@socotax.com	Chyrolaic an	- mp • • • • • • • • • • • • • • • • • •	(1) (1)	
E-mail ad	dress: (to be used fo	r future annual report notification	on)	
For further information concerning t	his matter, please ca	II:		
David Harmon	at (	603-8121		
Name of Person	Area Code	Daytime Telephone Nu.	mber	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Section Division of Corporatio P.O. Box 6327	Division of Corporations	
<del>-</del>	A DEPARTMENT O	\$78.75 Filing Fee & S8 Certified Copy Ce	7.50 Filing Fee, ertificate of Status & ertified 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.

L. Studystream Inc				
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	:D," "C	OMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate na	me adop	ted for the purpose of transacting busine	ess in Florida)
2. Delaware		3. 87-	(FEI number, if applicable)	
(State or countr	y under the law of which it is incorporated)	,	(FEI number, if applicable	1
4. 06/24/2021		5.		
	of incorporation)		(Date of duration, if other than per	petual)
6.				
	(Date first transacted busines (SEE SECTIONS 607.150) & 607			
7 1209 Orange Stre	ret, Wilmington, DE 19801			
1,	<del>_</del>	office <u>st</u>	reet address)	
	(Current ma	iling ad	dress, (i different)	3
8. Name and <u>stree</u>	et address of Florida registered agent: (	Р.О. Вс	ex <u>NOT</u> acceptable)	-
Name:	Registered Agents Inc			
Office Address:	7901 4th SUN STE 300	_		-1
	St. Petersburg		, Florida 33762	• · · · · · · · · · · · · · · · · · · ·
	(City)		(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.

Registered Agents Inc.
Bill Havre - Assistant Secretary
(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					
□Çhairman		□Chairman	Name: ERFAN SOLIMAN		
□ Vice Chairman	Address:	□Vice Chairman	Address: LYTCHETT HOUSE		
Director	PINNER, LONDON HA5 5BU GB	■Director	3 FREELAND PARK, WAREHAM RD		
President		□President	POOLE BH16 6FA GB		
□Vice President		□Vice President			
□Secretary	□Treasurer	Secretary	□Treasurer		
Other	Other	□Other	Other		
□Chairman	•	□Chairman	Name:		
□ Vice Chairman	Address: 648 ROOSEVELT STREET	□Vice Chairman	Address:		
Director	WESTFIELD, NJ 07090	□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer		
□Other	Other	□Other	□Other		
			1		
□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.  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. TIANYOU XU, DIRECTOR

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STUDYSTREAM 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-SECOND DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STUDYSTREAM INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2021.

Authentication: 205165174

Date: 12-22-22



January 25, 2023

DAVID HARMON 6108 CHUMUCKLA HWY PACE, FL 32571 US

SUBJECT: STUDYSTREAM, INC. Ref. Number: W23000009181

We have received your document for STUDYSTREAM, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 423A00001876

Sharon D Franklin Regulatory Specialist II

