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SCHOLAR EDUCATION, INC.

TYPE OF FILING: APPLICATION

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COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	Scholar Education, Inc.			
0000011		of corporation -	must include suffix	
Dear Sir or M	1adam:			
"Certificate o	"Application by Foreign Conference," or "Certificate aced foreign corporation to the conference of the	of Good Standi	ng" and check are sub	nct Business in Florida," comitted to register the
Please return	all correspondence concern	ing this matter to	the following:	
Krisi Stefansk	i			
		Name of Pe	rson	
Hutchison PLI	LC			
	· · · · · · · · · · · · · · · · · · ·	Firm/Compa	uny	
701 Corporate	Center Drive - Suite 250			
		Address		
Raleigh, NC 2	27607			
		City/State and	Zip code	
kstefanski@hu				
	E-mail address	s: (to be used for	future annual report	notification)
For further in	formation concerning this n	natter, please call	:	
Krisi Stefanski		at ()	829-4313	
Name	e of Person	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			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amovek payable to: FLORIDA DI ng Fee	EPARTMENT O g Fee & S	F STATE 78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

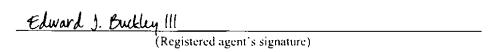
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Scholar Educati	ion, Inc.		
	orporation; must include "INCORPORATED," " orp." "Inc," "Co." or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting but	siness in Florida)
Delaware 2.	3		
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4. February 23, 20	23 5.		
(Date	e of incorporation) 5	(Date of duration, if other than perpetual)	
6. February 23, 20	23		
7 2109 W. Watrous	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 s Avenue, Tampa, Florida, 33606	orida, if prior to registration) , F.S., to determine penalty liability)	
	(Principal office	street address)	
			20
	(Current mailing a	ddress, if different)	در ۲۰۰۰
8. Name and stree	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	,
Name:	Edward J. Buckley, III	_	
Office Address:	2109 W. Watrous Avenue	_	·20
	Tampa	, Florida 33606	Ċ
	(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.



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: Edward J. Buckley, III	□Chairman	Name:
□Vice Chairman	Address: 2109 W. Watrous Avenue	□Vice Chairman	Address: 701 Corporate Center Drive
Director	Tampa, Florida, 33606	□Director	Suite 250
■ President		□President	Raleigh, NC 27607
□Vice President		□Vice President	
Secretary	□Treasurer	□Secretary	☐ Treasurer
Other CEO	Other	Other Asst. Sec	retary
□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 Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	□ Other	□Other	Other
individuals may be	Jse an attachment to report more than six (6). The added to the index when filing your Florida Dep	artment of State Annual Re	port form.
	Signature of Dire	etor or Officer	
	etor signing this document (and who is listed in n lse information submitted in a document to the D		



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

DELAWARE, DO HEREBY CERTIFY "SCHOLAR EDUCATION, 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 ELEVENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCHOLAR EDUCATION, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

STORY OF THE PARTY OF THE PARTY

Authentication: 203113709

Date: 04-11-23