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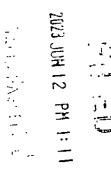
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Peoples Edu	ication, Inc.		
		- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fore "Certificate of Existence," or "Certiabove referenced foreign corporation	ificate of Good Stan	ding" and check are subn	
Please return all correspondence co Michael Slocinski	ncerning this matter	to the following:	
	Name of	Person	
Peoples Education, Ir	nc.		
	Firm/Com	pany	
25 Philips Parkway, S	Suite 105		
Montvale, New Jerse	Addre y 07645	ess	
	City/State a	nd Zip code	
mslocinski@masteryed			
E-mail a	ddress: (to be used f	for future annual report no	otification)
For further information concerning	this matter, please o	all:	
Michael Slocinski	_{at (} 201	, 708.6466	
Name of Person	Area Cod	e Daytime Teleph	one Number
Registration Section Division of Corporations The Centre of Tallahassee	tion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314		ection rporations
	DA DEPARTMENT	OF STATE S78.75 Filing Fee & 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.

Delaware 3.		22-2989444		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
06/13/1989 5. (Date of incorporation)		(Date of duration, if other than perpetual)		
05/12/2023	•	(isate of duration, it other than	perpetuary	
	(Date first transacted business in	n Florida, if prior to registration)		
OE Dhiling		502, F.S., to determine penalty liability)		
25 Philips	Parkway, Suite 105 Montva	ice street address)		
N/A	(Finicipal Offi	ice street address)		
	(Current mailir	ng address, if different)		
			707	
Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)		
Name:	Northwest Registered Agent L	LC		
fice Address:	7901 4th St N Suite 300		2 1	
nec Address.	St. Petersburg	Clorida 33702	3023 JUN 12 PM 1: 1	
	(City)	Florida 33702 (Zip code)	 : ·	
D. dan Lan			_	
	ent's acceptance: led as registered agent and to accept servi	ice of process for the above stated co	rporation at the pl	
ignated in this	application, I hereby accept the appointr	nent as registered agent and agree to	act in this capaci	
ther agree to c	omply with the provisions of all statutes r	etative to the proper and complete po sition as registered agent.	erjormance oj my	

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: Joel Dryer Name: Robert Parish **Z**iChairman □ Chairman 25 Philips Pkwy Ste 105 25 Philips Pkwy Ste 105 □Vice Chairman □Vice Chairman Montvale, NJ 07645 Montvale, NJ 07645 □ Director □ Director □President □President □Vice President □ Vice President ☐Treasurer Z Secretary □Treasurer □ Secretary □Other _____ ☐Other _____ □Other _____ Name: □ Chairman ☐ Chairman Address: _____ □Vice Chairman Address: _____ □Vice Chairman □Director □ Director □ President □ President □Vice President □Vice President □Treasurer □Treasurer □ Secretary □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman Name: _____ □Chairman Name: Address: _____ □Vice Chairman □ Vice Chairman Address: _____ □Director □ Director □President □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. 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.

, Joel Dryer, Chairman and CEO

Page 1



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

DELAWARE, DO HEREBY CERTIFY "PEOPLES 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 TWENTY-SECOND DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PEOPLES EDUCATION, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF JUNE, A.D. 1989.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

e at coro delaware gov/au

Authentication: 203398907

Date: 05-22-23