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Name:	Klett Wo	rld Languages, Inc.	
Document #:			
Order #:	1507613	8	
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Thank you!

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.

(If name unavails	ible in Florida, enter alternate corporate name	adopted for th	e purpose of transacting business	s in Florida)
Illinois	·	81 5120201		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
01/06/2017	5.	mamatual.		
(Date	of incorporation)		(Date of duration, if other than perpetual)	
08/10/2023				
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1			
4055 W. Peterson	Ave., Suite 201, Chicago, II. 606046		, , ,	
	(Principal off	ice <u>street</u> add:	ress)	
	(Current maili)	ng address, if c	lifferent)	
	(Current maili)	ng address, if c	lifferent)	
Name and stree	(Current mailing) t address of Florida registered agent: (P.G	-		
		-		
Name:	t address of Florida registered agent: (P.C C T Corporation System	-		
Name:	t address of Florida registered agent: (P.C C T Corporation System 1200 South Pine Island Road	D. Box <u>NOT</u> 	_acceptable)	Total Control
Name:	t address of Florida registered agent: (P.C C T Corporation System 1200 South Pine Island Road Plantation	-	_acceptable)	
Name:	t address of Florida registered agent: (P.C C T Corporation System 1200 South Pine Island Road	D. Box <u>NOT</u> 	_acceptable)	•
Name: ffice Address:	t address of Florida registered agent: (P.C C T Corporation System 1200 South Pine Island Road Plantation	D. Box <u>NOT</u> 	_acceptable)	•
Name: ffice Address: Registered ago	t address of Florida registered agent: (P.C.C.T. Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept serve	D. Box <u>NOT</u> —— FL ice of proces:	acceptable) 33324 (Zip code) s for the above stated corpora	tion at the place
Name: flice Address: Registered ago aving been nam esignated in this	t address of Florida registered agent: (P.C.C.T.Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept serve application, I hereby accept the appoints	D. Box NOT FL ice of process nent as regis	acceptable) 33324 (Zip code) s for the above stated corporatered agent and agree to act is	tion at the place
Name: ffice Address: Registered age aving been names ignated in this orther agree to contact the contact that the contact is the contact	t address of Florida registered agent: (P.C.C.T. Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept serve	D. Box NOT FL ice of process ment as regis relative to the	acceptable) 33324 (Zip code) s for the above stated corporatered agent and agree to act is proper and complete perfora	tion at the place
Name: Office Address: Registered ago I aving been nam exignated in this orther agree to co	t address of Florida registered agent: (P.C. C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept serve application, I hereby accept the appoints omply with the provisions of all statutes is with and accept the obligations of my possible and accept the obligations of my possible accept the accept the obligations of my possible accept the accept the accept the obligations of my possible accept the accept th	D. Box NOT FL. ice of process nent as regis relative to the sition as reg	acceptable) 33324 (Zip code) s for the above stated corporatered agent and agree to act in proper and complete performistered agent.	tion at the place in this capacity nance of my di
Name: Office Address: Registered ago I aving been nam exignated in this orther agree to co	t address of Florida registered agent: (P.C. C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept serve application, I hereby accept the appoints omply with the provisions of all statutes in	D. Box NOT FL. ice of process nent as regis relative to the sition as reg	acceptable) 33324 (Zip code) s for the above stated corporatered agent and agree to act in proper and complete performistered agent.	tion at the place in this capacity nance of my di

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

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: Katia Coppola	Chairman	Name:				
□Vice Chairman	Address: Rotebuehlstrasse 77	□ Vice Chairman	Address:				
Director	70178 Stuttgart, Germany	■Director	70178 Stuttgart, Germany				
■ President		□President					
□Vice President		■ Vice President ■ Vice President					
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer				
□Other	Other	□Other					
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address: Rotebuehlstrasse 77	□Vice Chairman	Address: 4055 W. Peterson Ave., Ste 201				
Director	70178 Stuttgart, Germany	Director	Chicago, II, 60646				
□President		□President					
□Vice President		■Vice President					
■ Secretary	■ Treasurer	☐ Secretary	□Treasurer				
□Other	□ Other	□Other	Other				
□Chairman	Hanne Sinclair	□ Chairman	Klaus U. Thiedmann				
□Vice Chairman	Address: 4055 W. Peterson Ave., Ste 201	□Vice Chairman	Address: 233 S. Wacker Dr., Ste 9400				
□Director	Chicago. IL 60646	□Director	Chicago, IL 60606				
□President		□President					
■ Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	☐ Treasurer				
□Other	□Other	☑Other	Secretary Other				
individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Liu Lua	nt of State Annual Re	eport form.				
	Signature of Director of	r 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. Klaus U. Thi	edmann, Assistant Secretary						
13. (Typed or printed name and capacity of person signing application)							

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To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

KLETT WORLD LANGUAGES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 06, 2017, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH

day of

JULY

A.D.

2023

Authentication #: 2320002642 verifiable until 07/19/2024

Authenticate at: https://www.ilsos.gov