

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
 Account Number : I20160000017
 Phone : (855)498-5500
 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

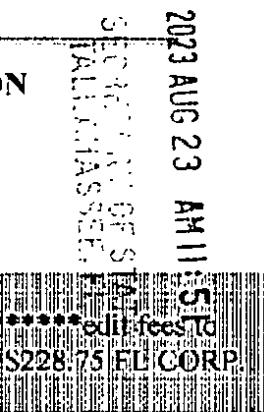
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RECEIVED
 DIVISION OF CORPORATIONS
 FLORIDA
 TALLAHASSEE

**FOREIGN PROFIT/NONPROFIT CORPORATION
 LAUREATE US HOLDINGS CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$728.75



FILED

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.

1. Laureate US Holdings Corporation

(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

3. 87-3670968

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 19, 2021

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

6. January 1, 2022

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 601 Brickell Key Drive, Suite 700, Miami, FL 33131

(Principal office street address)

PMB 1158, 1000 Brickell Avenue, Suite 715, Miami, FL 33131

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CAPITOL CORPORATE SERVICES, INC.

Office Address: 515 EAST PARK AVENUE 2ND FL.

TALLAHASSEE, Florida 32301
(City) (Zip code)

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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.

Mary Ann Quick Mary Ann Quick, Asst. Sec. on behalf of Capitol
(Registered agent's signature) Corporate Services, Inc.

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.

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

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A. DIRECTORS

<input type="checkbox"/> Chairman	Name: <u>Adam C. Morse</u>
<input type="checkbox"/> Vice Chairman	Address: <u>c/o Laureate Education, Inc.</u>
<input checked="" type="checkbox"/> Director	<u>PMB 1158</u>
<input type="checkbox"/> President	<u>1000 Brickell Avenue, Suite 715</u>
<input checked="" type="checkbox"/> Vice President	<u>Miami, FL 33131</u>
<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: Kimberleigh J. Cantwell
<input type="checkbox"/> Vice Chairman	Address: c/o Laureate Education, Inc.
<input checked="" type="checkbox"/> Director	PMB 1158
<input checked="" type="checkbox"/> President	1000 Brickell Avenue, Suite 715
<input type="checkbox"/> Vice President	Miami, FL 33131
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other	<input type="checkbox"/> Other

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other Other

<input type="checkbox"/> Chairman	Name: <u>Leslie S. Brush</u>
<input type="checkbox"/> Vice Chairman	Address: <u>c/o Laureate Education, Inc.</u>
<input checked="" type="checkbox"/> Director	<u>PMB 1158</u>
<input type="checkbox"/> President	<u>1000 Brickell Avenue, Suite 715</u>
<input checked="" type="checkbox"/> Vice President	<u>Miami, FL 33131</u>
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other	<input type="checkbox"/> 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.

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— DocuSigned by:

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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.

12 Kimberleigh J. Cantwell, President

13. _____
(Typed or printed name and capacity of person signing application)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAUREATE US HOLDINGS CORPORATION" 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 AUGUST, 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 "LAUREATE US HOLDINGS CORPORATION" WAS INCORPORATED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2021.

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



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You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, followed by a horizontal line and the text "Jeffrey W. Bullock, Secretary of State".

Authentication: 204017342

Date: 08-22-23