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#### **COVER LETTER**

| Division of Corporations   |
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| SUBJECT: Engage Language Learning, LLC (Name of Resulting Florida Limited Company)   |
| The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.     |
| Please return all correspondence concerning this matter to:  |
| Nadia Douglas (Contact Person)   |
| (Firm/Company)   |
| 5727 West view Drive   |
| Orlando Fl 32810<br>(City, State and Zip Code)   |
| nadiasd1900@amciil.com  E-mail Address: (to be used for future annual report notifications)  |
| For further information concerning this matter, please call:   |
| Nadia Douglas at (407) 516-4035  (Name of Contact Person) (Area Code) (Daytime Telephone Number)   |
| Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)   |
| S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  S150.00 Filing Fees and Certificate of Status  S180.00 Filing Fees and Certified Copy Certified Copy and Certificate of Status |
| STREET ADDRESS: New Filing Section  MAILING ADDRESS: New Filing Section  |
| Division of Corporations  Division of Corporations   |
| Clifton Building P. O. Box 6327  |
| 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301   |

INHS11 (7/17)

FILED

### Articles of Conversion

For

17 NOV 29 AM 10: 18

#### "Other Business Entity"

Into

#### Florida Limited Liability Company

ALLAHASSEE, FLORIDA

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Florida Statutes. 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Excelsis Language Institute Inc
(Enter Name of Other Business Entity) 2. The "Other Business Entity" is a \_ ner Business Entity" is a <u>COYOOCATION</u> <u>P15-35035</u>
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) First organized, formed or incorporated under the laws of \_\_\_\_\_ Florida (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Enter Name of Florida Limited Liability Condany) 4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 5. The plan of conversion has been approved in accordance with all applicable statutes. 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: ARTICLE II Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Westview Drive Florida street address (P.O. Box NOT acceptable) Having been numed as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

| Title:  "AMBR" = Authorized Member  "MGR" = Manager  | o manage and control the I                             | Limited Liabi | ility     |
|--|--|---------------|-----------|
| "AMBR" = Authorized Member "MGR" = Manager  (Use attachment if necessary)  (Use attachment if necessary) |  |               |           |
| (Use attachment if necessary)  TCLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorize This document is executed in accordance with section 60 any false information submitted in a document to the Dep as provided for in s.817.155. F.S.   | nd Address:  |               |           |
| REQUIRED SIGNATURE:  Signature of a member or an authorize This document is executed in accordance with section 60 any false information submitted in a document to the Dep as provided for in s.817.155. F.S.   | lia Douglas<br>27 Westview<br>Janalo, Fl 32            | Dr.<br>1810   |           |
| REQUIRED SIGNATURE:  Signature of a member or an authorize This document is executed in accordance with section 60 any false information submitted in a document to the Dep as provided for in s.817.155. F.S.   |  |               | 17        |
| REQUIRED SIGNATURE:  Signature of a member or an authorize This document is executed in accordance with section 60 any false information submitted in a document to the Dep as provided for in s.817.155. F.S.   | 1<br>  |               | FIL.      |
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| any false information submitted in a document to the Dep as provided for in s[817.155, F.S.  |  |               | _         |
| Nadia Douglas  | 0203 (1) (b) Florida Statutes L                        | and aumenthan |           |
| T  |  |               |           |
| Filin  | name of signee Fees                                    |               |           |
| \$125.00 Filing Fee for Articles of Organization   | n and Designation of Reg<br>5.00 Certificate of Status | gistered Age  | nt        |

| Signed this 12 day o                                      | or October                  | 20 17                             |
|---|-----------------------------|-----------------------------------|
| Signature of Authorized R                                 | epresentative of Lim        | ited Liability Company:           |
| C:  | . (10                       | - D.l.                            |
| Signature of Authorized Rep                               | presentative:               |                                   |
| rrinted Name: NUCLI A II                                  | <del>Doddiaz</del>          | Title: O President                |
| Signature(s) on behalf of O                               | thor Rucinose Entitue       | IS no holose for any in 1 diverse |
| Signature(s) on benation of                               | Dusiness Entity:            | See below for required signature( |
| Signature:  | A)                          |                                   |
| Printed Name: Nadia                                       | Douglas                     | Title: President                  |
| 1   | J                           |                                   |
| Signature:  |                             |                                   |
| Printed Name:   |                             | Title:                            |
| Simon   |                             |                                   |
| Signature:     Printed Name:                              |                             | Til                               |
| Timed Name.   |                             | Title:                            |
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| Signature:Printed Name:                                   | 1                           | Tid                               |
| Timed Name.   |                             | Title:                            |
| If Florida Corporation:                                   |                             |                                   |
| Signature of Chairman. Vice                               | Çhairman, Director, or      | Officer.                          |
| If Directors or Officers have r                           | not been selected, an in    | corporator must sign.             |
| ICE II C  |                             |                                   |
| If Florida General Partners Signature of one General Part | hip or Limited Liabili      | tv Partnership:                   |
| Signature of one General Part                             | ner.                        |                                   |
| If Florida Limited Partners                               | ∥<br>hip or Limited Liabili | ty Limited Partnershin            |
| Signatures of ALL General P                               | armers.                     | Cy Emitted Farthership.           |
|   | Ï                           | •                                 |
| All others:   | X                           |                                   |
| Signature of an authorized per                            | rs <mark>o</mark> n.        |                                   |
| Eggs  |                             |                                   |
| Fees:   |                             |                                   |
| Articles of Conversion                                    |                             | \$25.00                           |
| Fees for Florida Artic                                    | {I                          | \$125.00                          |
| Certified Copy:   |                             | \$30.00 (Optional)                |
| Certificate of Status:                                    | \<br>\                      | \$5.00 (Optional)                 |
|   |                             | 40.00 (Optional)                  |