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TALLAHASSEE, FLORIC

COVER LETTER

| TO: | Registration Section |
|-----|--------------------------|
| | Division of Corporations |

SUBJECT: Educational Leadership and Management Services LLC

(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

| Steven Adams | |
|---|---|
| (Na | me of Person) |
| ELMS LLC | |
| (Fir | m/Company) |
| 140 Duncan Drive | |
| | (Address) |
| Crawfordville, FL 32327 | |
| (City/St | ate and Zip Code) |
| For further information concerning this matter, ple | ase call: |
| Steven Adams | at (850) 270-1682 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| MAILING ADDRESS: | STREET ADDRESS: |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: | \$155.00 Filing Fee & \$\sum \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Educational Leadership and Managem (Name of Foreign Limited Liability Company; must include | ent Services LLC e "Limited Liability Company," "L.L.C.," or "LLC.") |
|--|---|
| (If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.") | of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability |
| 2. State of Idaho (Jurisdiction under the law of which foreign limited liability company is organized) 3. | N.A. (FEI number, if applicable) |
| 4. 11 July 2001 (Date of Organization) 5. | Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. N.A. (Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to | ida, if prior to registration.) o determine penalty liability) |
| 7. 1129 Sunset, Blackfoot, ID 83221 | SSEEF |
| (Street Address of 8. If limited liability company is a manager-managed co | ging members or managers are as follows: |
| 10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be submit | is not acceptable. If the certificate is in a foreign language, a itted.) |
| 11. Nature of business or purposes to be conducted or pand management services | promoted in Florida: Ludoduoniai consuming |
| | norized representative of a member. In the execution of this document constitutes by that the facts stated herein are true.) |

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: | |
|---|---------------------|
| Educational Leadership and Management Services LLC | |
| If name unavailable, the alternate name to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office are | TAS C |
| Steven Adams | TS STORY |
| (Name) | SE SE T |
| 140 Duncan Drive | ARY C |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| Crawfordville, FL 32327 FL City/State/Zip | O1 TATE ORIDA |
| | |

Having been named 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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

EDUCATIONAL LEADERSHIP AND MANAGEMENT SERVICES LLC

File Number W 15882

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named limited liability company filed articles of organization in Idaho on 11 July 2001.

I FURTHER CERTIFY That the limited liability company's articles of organization have not been dissolved.

Dated: August 28, 2007



Ben youra

By thruz burnzn