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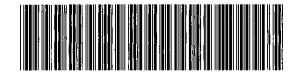
(R	Requestor's Name)			
(A	ddress)			
——————————————————————————————————————	ddress)			
(C	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

MAY 20 2009

EXAMINER



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09 APR -6 PH 1: 42



COVER LETTER

	ntion Section of Corporations				
SUBJECT: H	lidden Potential Education				
	(Name of Lim	ited Liability Company)			
Florida," Certif		bility Company for Authorization to Transact Business in ibmitted to register the above referenced foreign limited			
Please return al	l correspondence concerning this m	natter to the following:			
_	Katina M	1. Perry			
	(Na	me of Person)			
_	Hidden Potential Educational Services,LLC				
	(Firm/Company)				
	957 Heron Spring Parkway				
_		(Address)			
	Stow	,Ohio 44224			
_		ate and Zip Code)			
For further info	ormation concerning this matter, ple	ase call:			
Katina	a M. Perry	at (330) 328-1269			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
	NG ADDRESS:	STREET ADDRESS:			
	n of Corporations	Division of Corporations			
P.O. Bo		Clifton Building			
Tanana	ssee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
	heck for the following amount: 00 Filing Fee \$\square\$	\$155.00 Filing Fee & \$\Bigs\\$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 LIARIETY COMPANY TO TRANSACT RESIDESS IN THE STATE OF FLORIDA:

((Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI	.C.'')	
consent	te unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a co t of the managers or managing members adopting the alternate name. The alternate name must include "Lim ny," "L.L.C.," "LLC.")		
_{2.} Sta	ate of Ohio 3. (FEI number, if applicable)		
(Juris comp	sdiction under the law of which foreign limited liability (FEI number, if applicable) pany is organized)		
4	(Date of Organization) 5. (Duration: Year limited liability company wil	cease	to
	exist or "perpetual")		
6	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7	957 Heron Spring Parkway	09	SE/
	Stow, Ohio 44224	09 APR	
	(Street Address of Principal Office)	9	— <u>H</u>
8. If l	imited liability company is a manager-managed company, check here	3	
9. The	e name and usual business addresses of the managing members or managers are as follows	:: L2	
	Katina M. Perry, Owner		
	957 Heron Springs Parkway		
_	Stow, Ohio 44224		
the juris translati	ached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having curediction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lartion of the certificate under oath of the translator must be submitted.) SES Tutoring	nguage,	,a
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Willie Mae Johnson, Director		·

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:	
H	idden Potential E	Educational Services, LLC	
If name unavail	able, the alternate name	e to be used in the state of Florida is:	
2. The name an	d the Florida street add	dress of the registered agent and office are:	
	Wil	llie Mae Johnson (Name)	SECRE IVISION 09 APR
15014 Eaglerise Drive Florida Street Address (P.O. Box NOT ACCEPTABLE)		- 6 PH	
	Lithia, FI 33547	FL City/State/Zip	1: \ 2

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.

Willie Mal Johnson (Signature)

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

United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show HIDDEN POTENTIAL EDUCATIONAL SERVICES LLC, an Ohio Limited Liability Company, Registration Number 1733727, was organized within the State of Ohio on October 16, 2007, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of May, A.D. 2009

Ohio Secretary of State

Validation Number: V2009139M79DF9