# M0900003477

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· :
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W0900034796

Office Use Only



000158878470

07/27/09--01042--011 \*\*130.00

D. BRUCE

3 2009

**EXAMINER** 

#### **COVER LETTER**

ferenced foreign the following: Anthony Gull Name of Person Partners Inte Firm/Company O Box 4125	Company horization to n limited liab	Transact Business in oility company to tran			
ferenced foreign the following: Anthony Gull Name of Person Partners Inte Firm/Company O Box 4125	n limited liab	oility company to tran			
Anthony Gull Name of Person Partners Inte Firm/Company O Box 4125	rnational	LLC			
Name of Person Partners Inte Firm/Company O Box 4125	rnational	LLC			
Partners Inte Firm/Company O Box 4125	rnational	LLC			
Firm/Company O Box 4125		LLC			
O Box 4125					
	5				
A al al				S 60	alai-s; <del>pe</del> i
Address			AHA VETZ	Ę.	į
sboro, NC 2	27404		SSE		
State and Zip C	Code		of s	×	-
TMGulla@aol.com				<u></u>	
sed for future an	inual report r	notification)	DA A	01	
		362-6293			
rea Code & Day	ytime Teleph	one Number			
sion of Corporat stration Section on Building Executive Cent	tions ter Circle				
_					
	State and Zip C Gulla@aol.c ed for future ar  at (	Sboro, NC 27404  State and Zip Code  Gulla@aol.com ed for future annual report real code & Daytime Telephore Telephore Section on Building Executive Center Circle Code Code Code Code Code Code Code Cod	Sboro, NC 27404  State and Zip Code  Gulla@aol.com ed for future annual report notification)  at ( 336 ) 362-6293  rea Code & Daytime Telephone Number  EET ADDRESS: ion of Corporations stration Section on Building Executive Center Circle hassee, FL 32301	Sboro, NC 27404  State and Zip Code  Gulla@aol.com ed for future annual report notification)  at (	sboro, NC 27404  State and Zip Code  Gulla@aol.com ed for future annual report notification)  at (



July 28, 2009

ANTHONY GULLA PO BOX 41255 GREENSBORO, NC 27404

SUBJECT: EDUCATIONAL PARTNERS INTERNATIONAL, LLC

Ref. Number: W09000034296

FILED

09 SEP -3 PH 1: 45

SECRETARY OF STATE
SECRETARY OF STATE

We have received your document for EDUCATIONAL PARTNERS INTERNATIONAL, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 409A00025822

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

N COMPLIANCE WITH SECTION BOSSOS, FLORED SEATUTES IMMEDITABILITY COMPANY TO TRANSACT BOSINESS IN THE ST	
Educational Partners  (Name of Foreign Limited Liability Company: must include	"Limited Liability Company," "L.L.C.," or "LLC")
If name unavailable, enter alternate name adopted for the purpose of sonsent of the managers or managing members adopting the alternation party." "L.L.C." "LLC."	
North Carolina  Glirisdiction under the law of which toreign limited liability	20-5995997
company is organized)	i i i i i i i i i i i i i i i i i i i
4 Nov. 21, 2006 5,	perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
, August 15, 2009	
(Date tirst transacted business in Florid (See sections 608,501 & 608,502 F.S. to	determine penalty liability)
406 West Fisher Avenue, Suite 1	CRE I
Greensboro, NC 27401 (Street Address of)	Principal Officei
3. If limited liability company is a manager-managed co	
D. The name and usual business addresses of the managi	
Anthony Gulla, PO Box 42165, Greensboro, NO	27404 B
Carmelo Albert Rubio, 5006 - H Lawndale Dr. (	reensboro, NC 27455
Debra S. Martin, 15 Alpine Way, Swannanoa, N	C 28778
10. Attached is an original certificate of existence, no more than 90 day he jurisdiction, under the law of which it is organized. (A photocopy is ranslation of the certificate under eath of the translator must be submitted.)	not scraptable. If the cartificate is in a foreign anguage a
1. Nature of business or purposes to be conducted or p	romoted in Florida: Placement of Teachers
in public and private schools	in the State of Florida
(1 Misteria 10	ch_
Signature of a member op an alitho (in accordance with section 608.408(32 f.S., an affirmation under the penalties of perjury	
Typed or printed no	ane 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 MABILITY 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 Com	pany is:			
<u>Educational</u>	Partners	INTERNOT	- IONAL	140
If unavailable, the alternate to be used in the	ne state of Florida i	is:		
				_
2. The name and the Florida street address	s of the registered a	igent and office are:		
LENA	VETH A	ART	_ 75 _ 25	္က
	(Name)		LAH	r m
	ERLING POIL		TAR ASS	ئے کے ح
Florida Street Ad	Idress (P.O. Box NOT	ACCEPTABLE)	ĔΩ.	<u>⊋</u> ⊓
GIBSONFON	FL	33534	***	 C
	City/State/Zip		A P	שׁ
Having been named as registered agent and	l to accent service o	f process for the above	stated limite	ed
liability company at the place designated in	this certificate. I he	reby accept the appoin	itment as reg	istered
agent and agree to act in this capacity. I fur relating to the proper and complete perform	ance of my duties, t	and I am familiar with	and accept th	
obligations of my position as registered age.	nt as provided for it	n Chapter 608, Florida	Statutes.	
Clean the Xuet				
(Signature)				

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



## NORTH CAROLINA Department of The Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### EDUCATIONAL PARTNERS INTERNATIONAL, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 21st day of November, 2006, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of July, 2009

Elaine I. Marshall

Secretary of State