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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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EXAMINER

DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Division of	n Section f Corporations		
SUBJECT: A P	lus B Academics L	LC	,
	Na	me of Limited Liability Compan	у
			n to Transact Business in Florida," (liability company to transact busine
Please return all cor	respondence concerning this m	natter to the following:	
<u>T</u>	helma Khatib		
		Name of Person	
<u>A</u>	Plus B Academics LLC		
		Firm/Company	
<u>3</u> 8	897 King Arthur Rd S	W	
		Address	
A	tlanta, Ga 30331		
		City/State and Zip Code	
ar	olusbacademics@h	otmail.com (to be used for future annual repo	net matification)
		•	ort notification)
For further information	tion concerning this matter, ple	ase call:	
Elijah K	(hatib	at (850)	339-7235
	Name of Person	Area Code & Daytime Tel	ephone Number
Division of Registration P.O. Box 6		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	:
Enclosed is a che	eck for the following amount from \$130.00 Filing Fee Certificate of St	Fee & \$\Bigcap\$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Conv

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. A PLus B Academics LLC (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 transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Fulton County Georgia (Jurisdiction under the law of which foreign limited liability company is organized) 3. 36-4676366 (FEI number, if applicable)
4. 01/19/2010 (Date of Organization) 5. (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
$\mathcal{O}(P_{+})$
7. 3897 King Arthur Rd SW Atlanta, Ga 30331 (Street Address of Principal Office)
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Thelma Khatib and Elijah Khatib
3897 King Arthur Road S.W.
Atlanta, GA 30331
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Academic Tutoring and coaching
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. I am aware that any 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.)

Typed or printed name of signee

Thelma Khatib

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.

i. The name	of the Limited Liability	Company is:	
A PLus E	Academics LL	<u> </u>	
If unavailable	, the alternate to be use	d in the state of Florida is:	
2. The name	and the Florida street ac	ddress of the registered agent and office are:	
	Elijah Khatib		
		(Name)	
	308 Young St	reet Address (P.O. Box NOT ACCEPTABLE)	
	i ioriuu on	(1.0. Box NOT Accel (Abbb)	
	Tallahassee	_{FL} 32301	
	•	City/State/Zip	

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)

Control No. 10004134

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

A PLUS B ACADEMICS LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 01/19/2010 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 7th day of March, 2011

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 6765894-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp