Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000205152 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146

: (305)444-4994

Fax Number

: (305)444-4977

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Time - 3 7 | Address: | | | |
|------------|----------|--|--|--|
| EMPA11. | ACCTESS: | | | |

Foreign Limited Liability Company HOMESCHOOL SUPPORT CURRICULUM LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help J. BRYAN

AUG 1 7 2011

EXAMINER

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

IN COMPLIANCE WITH SECTION ARESOS FLORIDA STATLITES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

| LΠ | MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | |
|-----|--|----------|
| ۱. | Homeschool Support Curriculum LLC | |
| • | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
| CO | f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writeness of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C." "LLC.") | iten |
| 2. | Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) | • |
| - | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | |
| 4. | August 4, 2011 5, Perpetual | |
| | (Date of Organization) (Duration: Year limited Hability company will 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. | 3241 Executive Way | <u>p</u> |
| | Miramar FL 33025 | = 1 |
| | (Street Address of Principal Office) | |
| 8. | . If limited liability company is a manager-managed company, check here | FILEU |
| 9, | . The name and usual business addresses of the managing members or managers are as follows: | 3 |
| | Jeffrey Lopez 3241 Executive Way, Miramar FL 33025 | 9 |
| | Joseph Aguilera 3241 Executive Way, Miramar FL 33025 | |
| | | |
| the | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record se jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.) | sin |
| 11 | 1. Nature of business or purposes to be conducted or promoted in Florida: Holding Company | |
| | | |
| | | |
| | 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 penelties 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 \$.817.155, F.S.) | |
| | Jeffrey Lopez | |
| | 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: | |
|--|-------------|
| Homeschool Support Curriculum LLC | |
| If unavailable, the alternate to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office are: | ASS A |
| World Corporate Services Inc. | - GREET |
| (Name) | P |
| 2665 S. Bayshore Dr., Suite 703 | SSEE. BY BY |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | P.S |
| Miami Florida 33133 FL | DATE: |
| 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)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HOMESCHOOL SUPPORT CURRICULUM LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE NINTH DAY OF AUGUST, A.D. 2011.

THANGIG MISSING

5020395 8300

110902836

You may verify this certificate online at corp. delaware gov/authory shirt

Jeffrey W. Bullock, Secretary of State

DATE: 08-09-11