

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE

Account Number : 072731001155 Phone : (813)253-2020 Fax Number : (813)251-6711

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Email Address:

Foreign Limited Liability Company eDegreeAdvisor, LLC

Certificate of Status	1
Certified Copy	0
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Please use original submission date of September 7

L. SELLERS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

No. 4447 Pt. 2

850-817-8381

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September 10, 2012

FLORIDA DEPARTMENT OF STATE

BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE

SUBJECT: EDEGREEADVISOR, LLC

REF: W12000046630

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English

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RE 12 SEP SEURET

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

IN COMPRIANCE WITH SPECIAL OR SOL PROBLEM SECULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED CLABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:				
1. eDogreeAdvisor, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")				
(Marie of Foreign Limited Liability Company, into include Limited Liability Company, Lincol, or Lice.)				
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Limited Limited Company," "L.L.C," "LLC")				
2. Delaware 3. 38-3881297				
(FEI number, if applicable) company is organized)				
4 July 19, 2012 5. Perpetual				
(Date of Organization) (Duration: Year itmited liability company will cease to exist or "perpetual")				
6. N/A				
(Date first transacted binsiness in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability)				
7. c/o Interactive Marketing Solutions, 233 West Route 59, Nanuet, NY 10954				
(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:				
Managing Member: Joseph Marinucci				
c/o Interactive Marketing Solutions, 233 West Route 59, Nanuet, NY 10954				
10. Attached is an original cartificate 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 phiotocopy is not acceptable. If the certificate is in a foreign language, as translation of the certificate under each of the translation must be submitted)				
11. Nature of business or purposes to be conducted or promoted in Florida: To engage in any activity				
for which limited liability companies may be organized in the State of Florida				
Signature of a member or an authorized representative of a member. (In accordance with tention 608.408(3), F.S., the execution of this dominion constitutes an affirmation under the possitions of perjury, that the facts stated herein are true I am aware that any false information submitted made document to the Department of State constitutes a third degree follows as provided for in a.817.155, \$51				
(In accordance with faction 608.408(3), F.S., the execution of this dominion constitutes an affirmation under the CO positives of perjury that the facts stated herein are true I am aware that any false information submitted trans				
document to the Department of State constitutes a third degree felony as provided for in 4.817.155,				
Joseph Marinucci				

CERTIFICATE OF DESIGNATION OF RECISTERED ACENT/RECISTERED 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:	
eDegreeAdvi	sor, LLC	
If unavailable, the a	ternate to be used in the state of Flo	rida is:
2. The name and th	Florida street address of the registe	ered agent and office are:
Tor	n Long	
	(Name)	
601	Bayshore Boulevard, Suite Florida Street Address (P.O. Box	
<u>Ta</u>	mpa FL City/State	33606 Zip
liability company at a agent and agree to a relating to the proper	as registered agent and to accept service place designated in this certificate in this capacity. I further agree to a and complete performance of my dustition as registered agent as provided (Signature)	rice of process for the above stated limited I hereby accept the appointment as registered comply with the provisions of all statutes ties, and I am familiar with and accept the for in Chapter 608, Florida Statutes.
	\$ 100.00 Filing Fee	for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EDEGREEADVISOR, 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 SEVENTEENTH DAY OF AUGUST, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EDEGREEADVISOR, LLC" WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

120945900

You may verify this certificate online at corp. delaware. gov/authver.shtml

jeffrey W. Bullock, Secretary of State AUTHENTYCATION: 9787341

DATE: 08-17-12