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COVER LETTER

TO: Registration Section Division of Corporations

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all

correspondence concerning this matter to the following:		
Michael Macard Name of Person		
Lecurer Neution, LLC Firm/Company	,	
3330 Preston Rtage ld. #305	2013 OCT 21	· · · · · · · · · · · · · · · · · · ·
Appharetta f.A 30005 City/State and Zip Code	P2	
m. mccord elecunornation. com E-mail address: (to be used for future annual report notification)	կ։ 27	A
mation concerning this matter, please call:		
rael moord at 404, 585-0829	•	

For further inform

Michael McCord	at (404) 585-0829
Name of Person	Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

	/	1 1	C .1	C 11 '	
Enclosed	10/2	check	tor the	following	amount.
LITTIOSCU	i iz u	CIICCN	IOI IIIC	TOTIONALITY	amount.

■ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate 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 FO LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	OREIGN
1. Learner Nation, LC	_
(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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil Company," "L.L.C," "LLC.")	
2. Clovano (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)	-
4. Jan. 34. 3013 (Date of Organization) 5. Ver Detuck (Duration: Year limited liability 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. 3330 Preston Ridy Kal #300	- Jane - 1 J
Alphavetta, GA 30005	_
(Street Address of Principal Office)	C
s. If fillified flability company is a manager-managed company, check here	
7. The name and usual business addresses of the managing members or managers are as follows:	
michael McCord	-
5330 Mestin Kiage (d. #300)	-
Alphanetta, GA 30005	-
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rather jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	-
Educational Business	_•
M. Aracorol	
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	

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:	المراسة
Learner Nation LC	67 7
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:	
michael Macud (Name)	_
Florida Street Address (P.O. Box NOT ACCEPTABLE)	Inser Sthelow
Michael S3131 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)

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED : January 24, 2012

: 12006992 : Georgia

JURISDICTION PRINT DATE

: 10/7/2013 4:10:48 PM

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> LEARNER NATION, LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. 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.

B: ?.~

Brian P. Kemp Secretary of State