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| (Re                     | equestor's Name)   |             |  |  |
|-------------------------|--------------------|-------------|--|--|
| (Ad                     | ddress)            |             |  |  |
| (Ad                     | ddress)            |             |  |  |
| (Ci                     | ty/State/Zip/Phon  | e #)        |  |  |
| PICK-UP                 | WAIT               | MAIL        |  |  |
| (B)                     | usiness Entity Nar | me)         |  |  |
| (Document Number)       |                    |             |  |  |
| Certified Copies        | Certificate        | s of Status |  |  |
| Special Instructions to | Filing Officer:    |             |  |  |
|                         |                    |             |  |  |
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Office Use Only

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#### **COVER LETTER**

| TO:       | Registration Section<br>Division of Corporation  | ns   |  |  |              |  |         |
|-----------|--|--|--|--|--------------|--|---------|
| SUBJEC    | Acceleration A   | cademies, LLC  | ;  |  |              |  |         |
| CODJEC    |  | Name   | of Limite                                    | d Liability Company  |              |  | _       |
|           | osed "Application by For<br>e, and check are submitte  |  |  |  |              |  |         |
| Please re | eturn all correspondence of  | concerning this mat                                      | ter to the                                   | following:   |              |  |         |
|           | David Sunds  | strom  |  |  |              |  |         |
|           |  |  | Na   | ame of Person  |              |  | _       |
|           | Acceleration   | Academies, L   | .LC  |  |              |  |         |
|           |  |  | Fi   | rm/Company   |              |  | -       |
|           | 13720 Old S  | st. Augustine R  | Road, S                                      | uite 8-256   |              |  |         |
|           | <del> </del>   | <del></del>  |  | Address  |              |  | _       |
|           | Jacksonville   | , FL 32258   |  |  |              |  |         |
|           | · · · · · · · · · · · · · · · · · · ·  | <del></del>  | City/St                                      | ate and Zip Code   |              |  | <b></b> |
|           | dsundstrom@  | acceleration a   | academ                                       | ıy.org   |              |  |         |
|           | <del></del>  | E-mail address: (  | (to be used                                  | for future annual rep  | ort notifica | ation)                                       |         |
| For furth | er information concerning  | g this matter, please                                    | e call:                                      |  |              |  |         |
|           | David Sundstrom  |  |  | 904  | 662-0        | 620  |         |
|           | Name o   | f Contact Person   |  | Area Code  | Day          | time Telephone Number                        | _       |
|           | MAILING ADDRESS:<br>Division of Corporations<br>Registration Section<br>P.O. Box 6327<br>Tallahassee, FL 32314 |  | Division<br>Registra<br>Clifton l<br>2661 Ex | T ADDRESS:<br>n of Corporations<br>tion Section<br>Building<br>secutive Center Circ<br>see, FL 32301 | cle          |  |         |
|           | ed is a check for the f □ \$125.00 Filing Fee  | ollowing amour<br>□ \$130.00 Filing<br>Certificate of \$ | Fee &  | □ \$155.00 Filing<br>Certified Cop   |              | ■ \$160.00 Filing Fee, of Status & Certified |         |

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| If name unavailable, enter alternate name adopted for the purpose of transac Liability Company," "L.L.C," or "LLC.")         | ting business in Florida. The alternate name must include "Limite |
|--|---|
| Delaware 3. 4  | 7-1906410   |
| (Jurisdiction under the law of which foreign limited liability company is organized)   | (FEI number, if applicable)                                       |
| Not Applicable   |   |
| (Date first transacted business in Floric<br>(See sections 605.0904 & 605.0905, F.S.)  | la, if prior to registration.)<br>to determine penalty liability) |
| Acceleration Academies, LLC  | 7 28  |
| 13720 Old St. Augustine Road, Suite 8-256  |   |
| (Street Address of Pr  | incipal Office)   |
| Jacksonville, FL 32258   | SER   |
|  | F.S.  |
| (Mailing Ad  | dress)  |
| 7. The name, title or capacity and address of the person(s   | ) who has/have authority to manage is/are:                        |
| David Sundstrom, Managing Member, 12029 Cranet   | ,   |
|  |   |
| Joseph Wise, Managing Member, 910 W. Van Burer   | 1, Suite 315, Chicago, IL 60607                                   |
|  |   |
|  |   |
| 3. Attached is an original certificate of existence, no more   |   |
| aving custody of records in the jurisdiction under the law<br>cceptable. If the certificate is in a foreign language, a tran |   |
| nust be submitted)   | mation of the continues and of the national                       |
|  |   |
|  |   |
|  | <del>-</del> `  |
| Signature of an aut accordance with section 605.0203, F.S., the execution of this document constitutes                       |   |

Typed or printed name of signee

**David Sundstrom** 

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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  | of the Limited Liability   | Company is:                                   |         |
|-----------------|----------------------------|---|---------|
| Acceleration    | Academies, LLC             |   |         |
| If unavailable, | the alternate to be used   | in the state of Florida is:                   |         |
| Acceleration    | Academy, LLC               |   | 7115    |
| 2. The name a   | and the Florida street add | dress of the registered agent and office are: | THE SE  |
|                 | David Sundstrom            |   | May 7 D |
|                 |                            | (Name)  | - 1:58  |
|                 | 12029 Cranefoot D          | R   | ~~~     |
|                 | Florida Stro               | eet Address (P.O. Box NOT ACCEPTABLE)         |         |
|                 | Jacksonville               | FL 32223                                      |         |
|                 |                            | 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 605, 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

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "ACCELERATION ACADEMIES, 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 THIRTIETH DAY OF DECEMBER, A.D.

2014.

5606820 8300

141595559

AUTHENTACATION: 1995537

DATE: 12-30-14

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