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#### COVER LETTER

WALK IN
ENTITY NAME: Winter Park University 3391CFA, LLC CK # 2498
CK # 2498
AMOUNT: 15500
PLEASE FILE THE ATTACHED AND RETURN:
PLAIN COPY
X CERTIFIED COPY
DI EACE CONTACT TIME AT REA FOR 1001 FOR

PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Winter Park University 3391CFA, LLC (Name of Poreign 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: The alternate name must include "Limited Liability Company," "L.L.C," or "LI.C.") 2. Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Upon Filing (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1401 Broad Street Clifton, New Jersey 07013 (Street Address of Principal Office) 6. 1401 Broad Street Clifton, New Jersey 07013 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) United Corporate Services, Inc. Name: 9200 South Dadeland Blvd., Suite 508 Office Address: Miami , Florida (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Robert J. Ambrosi, Manager 1401 Broad Street Clifton, New Jersey 07013 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the Jurisdiction under the lawlof which it is organized. Af the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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

Gary S. Baumann, Authorized Signatory

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "WINTER PARK UNIVERSITY 3391CFA,

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 FIRST DAY OF JULY, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WINTER PARK UNIVERSITY 3391CFA, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2015.

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

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jeffrey W. Bullock, Secretary of State
AUTHENTYCATION: 2521348

DATE: 07-01-15

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