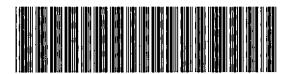
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Registration Section
Division of Corporations

TO:

SUBJECT:	imeWise Schools	LLC				
SOBSECT		Name of L	imited Liability (Company		-
The enclosed ". Existence, and	Application by For	reign Limited Liability Compared to register the above refere	any for Authoriza	ition to Tra ted liability	nsact Business in Florida," company to transact busin	Certificate of ness in Florida
Please return al	ll correspondence	concerning this matter to the f	following:			
	Marilyn Crawf	ord				
	•••	Na	me of Person	•	-	
	TimeWise Sch	ools LLC				
		Fir	m/Company			•
	3240 Lone Oal	Rd Num 135				
			Address			•
	Paducah, KY	42003				
		City/St	ate and Zip Code			•
	timewiseschools	_				
		E-mail address: (to be used	for future annual	l report not	ification)	•
For further info	ormation concerning	g this matter, please call:				
Jill Cannamela, CPA		208 at (891-729	90		
	Name o	of Contact Person	Area Code	Day	time Telephone Number	•
Divisi Regist P.O. E	LING ADDRESS: on of Corporations tration Section Box 6327 nassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	heck for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	-	☐ \$160.00 Filing Fee, C of Status & Certified Co	
		\$638.75				
1	742 = 1	763.75				

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TimeWise Schools LL	C						
	eign Limited Liability Company; mus	t inclu	ide "Limited Liabil	ity Company," "L.L.C.," or	"LLC.")		
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose " or "LLC.")	of tra	ansacting business i	n Florida. The alternate nam	ne must includ	le "Lim	ited
2. Kentucky		3	46-3949809				
(Jurisdiction under the law company is organized)	of which foreign limited liability	٥.		(FEI number, if applicable)	, ··· -		
4. November 17, 2014					_		
	(Date first transacted busine (See sections 605.0904 & 605.	ss in F 0905,	lorida, if prior to re F.S. to determine p	gistration.) enalty liability)			
5					-		
	(Street Address of F	rincip'	al Office)		-		
6. 3240 Lone Oak Rd Nu	m 135				- Tive co	~3 ~3	
Paducah, KY 42003						NON GI	enchouses, S X B U
	(Mailing A	Addres	is)			-92	Same and the same
7. Name and street address	ss of Florida registered agent: (P.	O. Bo	ox <u>NOT</u> acceptab	le)	0) z	20	
Name:	Jean G Crawford				سار البارت البارة		A 2 :
Office Address:	29521 Constitution Ave				108E	新士· 0	4
	Big Pine Key			Florida 33043	Şr:	5	
	(City)		,	(Zip code)	- ,		
designated in this applica to complywith the provisi	rgistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	ment	as registered age	nt and agree to act in the	is capacity.	I furth	er agree
	4G-Crawford	2					
	(Régisto	ered a	gent's signature)	 	_		
8. The name, title or capa Marilyn Crawford, presid	acity and address of the person(s)	who l	has/have authority	to manage is/are:			
3240 Lone Oak Rd Num			······································				
Paducah, KY 42003	100						
Taducan, KT 42003		•					
	·	ertific		language, a translation of			
This document is executed submitted in a document to	d in accordance with section 605.0 o the Department of State constitu)203 (tes a f	1) (b), Florida Sta hird degree felon	itutes. I am aware that any y as provided for in s.817	y false inform .155, F.S.	nation	
	Marilyn Crawford						

Typed or printed name of signee

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 170314

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx.to.authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

ŢĬŊĘŴĮŚĘŀSĊĤŌŎĹŜĸĿĽĊ

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is February 28, 2006 and whose period of duration is perpetual.

I further certify that all fees and penalities owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 19th day of November, 2015, in the 224th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

undergan Oximis

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