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(Requestor's Name) (Address) (Address)	500281623815				
(City/State/Zip/Phone #)	02/08/1601012009 **130.00				
Certified Copies Certificates of Status	TALLAHASSEE FLOME				
Office Use Only					
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COVER LETTER

TO: Registration Section Division of Corporations

EDUCATION SOURCE OF SOUTH FLORIDA, LLC

SUBJECT:

Name of Limited Liability Company

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:

David Ciriaco					
- 	N	ame of Person			
4 <u></u>	Pi	rm/Company			***
21990 SW 93 I		1			
	<u></u>	<u></u>	1'r 36		
Miami, FL 331	90				
······································	City/S	tate and Zip Code	<u>.</u> .		
dciriaco@me.com					- m
ι	E-mail address: (to be used	d för future annual	report noti	· · · · · · · · · · · · · · · · · · ·	2 million
For further information concernin	g this matter, please call:				Margan X
David Ciriaco		305 at (989-274 _)		
Name o	of Contact Person	Area Code	Dayt	ime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ce, FL 32301	
Enclosed is a check for the follow			_		- 19
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy	ng Fee &	□ \$160.00 Filing Fee, of Status & Certified C	

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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:

1. EDUCATION SOURCE OF SOUTH FLORIDA, LLC

(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. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2	Nevada		3.			·· .	
<u>بم</u>	(Jurisdiction under the law company is organized)	of which foreign limited liability	2. <u></u>	(FEI number, if appl	icable)		N
4.		· · · · · · · · · · · · · · · · · · ·					
	·····	(Date first transacted busines (See sections 605.0904 & 605.0	is in Florida, if prior to 0905, F.S. to determine	registration.) penalty liability)			
5.	21990 SW 93 Place				1 m 118 m		
	Miami, FL 33190		, maga a ma				
	• • • • • • • • • • • • • • • • • • • •	(Street Address of P	rincipal Office)	· · · · · · · · · · · · · · · · · · ·			
6	•						
						2016	
	<u> </u>	(Mailing A	uddress)	<u></u>	<u>, ey</u> 2> ;<		-11
7.	Name and street addres	s of Florida registered agent: (P.	O. Box <u>NOT</u> accepts	able)	T S S S S S	8	ranaraa Paramaa
	Name:	Business Filings Incorporated		-	$\frac{63}{100}$	÷.	(11)
	Office Address:	1200 South Pine Island Rd	-	<u></u>		σ	Ö
		Plantation		, Florida 33324		:: 0	
		(City)		(Zip co	de) 🎬	ا	

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:

David Ciriaco Mgr 21990 SW 93 Place Miami, FL 33190

Dayanara Ciriaco Mgr 21990 SW 93 Place Miami, FL 33190

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 law of which it is organized. (If 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.

David Ciriaco

Typed or printed name of signee



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **EDUCATION SOURCE OF SOUTH FLORIDA**, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 19, 2016, and is in good standing in this state.



Electronic Certificate Certificate Number: C20160204-1937 You may verify this electronic certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 4, 2016.

achora K. Cegevske

BARBARA K. CEGAVSKE Secretary of State