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(Re	equestor's Name)				
(Address)					
(Ac	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 25, 2016

SCOTT SAMMIS 28 FLOWER HILL ROAD HUNTINGTON, NY 11743

SUBJECT: CODE KID ACADEMY, LLC

Ref. Number: W15000082907

We have received your document for CODE KID ACADEMY, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Please accept our apology for failing to mention this in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 615A00027132

COVER LETTER

TO:		tion Section of Corporation	18				
SURT	FCT.	CODE	KID	ACADEMY,	LLC		
SUDO	<u></u>			Name of	Limited Liability Co	mpany	
The er Existe	nclosed "App nce, and che	olication by For ck are submitte	eign Lin d to regi	nited Liability Comp	pany for Authorization	on to Trai d liability	nsact Business in Florida," Certificate of company to transact business in Florida
Please	return all co	orrespondence o	oncerni	ng this matter to the	following:		
			<	SCOTT SA	mm15		
	-			. N	ame of Person	1.1.	, VIII
			C	ODE KLD	A-CA-DEM Y	1, 11	C
	-			Fi	irm/Company		
			2	.8 FLOWE	RHILLR	COAD	
	-				Address		
			H	UNTINGTI	UN, N.Y.	117	43
	-			City/S	State and Zip Code		
	_				mmis@ g		
			E-mai	address: (to be use	d for future annual r	eport noti	ification)
For fu	rther inform	ation concernin	g this m	atter, please call:			
		Scott	-50	mmis	at (516	36	69-8437 time Telephone Number
		Name o	f Conta	ct Person	Area Code	Day	time Telephone Number
	Division Registrat P.O. Box	of Corporations ion Section 6327 see, FL 32314]] (Division o Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301
Enclos		k for the follow 00 Filing Fee	□ \$13	ount: 0.00 Filing Fee & Teate of Status	☐ \$155.00 Filing Certified Copy	g Fee &	II \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

	IN FLORIDA	4	
COMPANY TO TRANSACT BUS	ON 605,0902, FLORIDA STATUTES, THE FOLLOW INESS INTHE STATE OF FLORIDA:		
, CODE KI	D A CADEMY, LL C in Limited Liability Company; must include "Limit		
(Name of Foreig	n Limited Liability Company; must include "Limit	ed Liability Company," "L.L.C.," or '	'LLC.")
Liability Company," "L.L.C,"		pusiness in Florida. The alternate nam	e must include "Limited
2. DELA WA! (Jurisdiction under the law of company is organized)	which foreign limited liability 3.	EIN 47-566955 (FEI number, if applicable)	3
A	12/31/15		
**	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.) termine penalty liability)	
5.	~ ~ ~ I » · · · CD · · · ·	LL ROAD	-
		N.Y. 11743	-
6	Same		
u,	200110		-
	(Mailing Address)		-
7. Name and street address	of Florida registered agent: (P.O. Box NOT	acceptable)	5
Name:	Nancy Olson		G
Office Address:	Namcy Olson 1340 32NO AVENUE VERD BEACH (City)	: SW	29 F
	VERO BEACH	, Florida 32968	
D 14 1 45	(City)	(Zip code)	
	ince: istered agent and to accept service of process		
designated in this application	on, I hereby accept the appointment as regist	ered agent and agree to act in thi	is capacity. I further agree
to complywith the provision accept the obligations of m	is of all statutes relative to the proper and co y position as registered agent.	mplete partormance of my duties,	, ana 1 am jamutar wun ar
weeept the bonguions of m	(\mathcal{A})	•	
-	(Registered agent's sign	nature)	-
	. /		
8. The name, title or capac	ity and address of the person(s) who has/have	authority to manage is/are:	
	Soft Sammis	- Mgr.	
	28 Plower Hill Roan	<u> </u>	
	Huntington, NY 1	1743	
9) Attached is a certificate of jurisdiction under the law of the translator must be sub-	of existence, no more than 90 days old, duly at f which it is organized. (If the dextificate is in smitted) Signature of an authorize	a foreign language, a translation o	custody of records in the f the certificate under oath
This document is executed	in accordance with section 605.0203 (1) (b), F	lorida Statutes. I am aware that an	y false information
submitted in a document to	the Department of State constitutes a third deg	ree telony as provided for in s.81 /	.155, r.s.

SCOT SAMMIS

Typed or printed name of signee

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CODE KID ACADEMY, 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 TENTH DAY OF FEBRUARY, A.D. 2016.

5844546 8300

SR# 20160643962

Date: 02-10-16

Authentication: 201808876