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COVER LETTER

| TO: | Registration Section Division of Corpora | | | | | | |
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| SUBJ | ECT: <u>Mon<i>te</i></u> | SSORI KID | LL C Name of | Limited Liability Con | opany | | _ |
| | nclosed "Application by nce, and check are subm | | | | | | |
| Please | return all corresponden | ce concerning this | matter to the | following: | | | |
| | C y_N | THIA THOM | n/4 s | ame of Person | | | _ |
| | MON | TESSORI K | TIO LL | rm/Company | | | _ |
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| For fur | Cynthia Nam | | | at (<u>321</u>) Area Code | 779 C |)03/ lephone Number | - |
| | MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 | ons | | Di Re Cli 26 | REET ADDR vision of Corp gistration Sect ifton Building 61 Executive C llahassee, FL 3 | orations ion Center Circle | |
| Enclos | ed is a check for the foll □ \$125.00 Filing Fee | ~ / | | \$155.00 Filing For Certified Copy | ee & □\$16 of Sta | 50.00 Filing Fee, C tus & Certified Co | Certificate py |



May 9, 2016

CYNTHIA THOMAS 3219 S ATLANTIC AVE, UNIT 401 COCOA BEACH, FL 32931

SUBJECT: MONTESSORI KID LLC Ref. Number: W16000033834

We have received your document for MONTESSORI KID LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

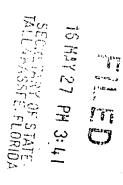
Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 216A00009690



EPPLIGATION 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. MONTESSORI IND LL C (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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," "L.L.C," or "LLC.") |
| 2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 3!-15493919 (FEI number, if applicable) |
| 4. NO BUSINESS TRANSACTED TO DATE (Date first transacted business in Florida, if prior to registration.) |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) |
| 5. 3219 S. ATLANTIC AVE UNIT 401 |
| COCOA BEACH, FL 3243/ (Street Address of Principal Office) |
| 6. 3219 S. ATLANTIC AVE UNIT 901 |
| COCOA BEACH I=L 3293/ (Mailing Address) |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) |
| Name: Albert M Thomas |
| Office Address: 3219 6. Attratic Are #401 |
| Office Address: 32/9 8. Attentic Are #40/ COCOR BEACH, FL 32931, Florida (Zip code) B |
| Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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: |
| CYNTHIA D.THOMAS MEMBER JAIRS. Attentic Are typi COCOA BEACH, FL |
| CYNTHIA D.THOMAS MEMBER JAIR S. Attentic Are \$401 COCOA BEACH, FL Albert M Thomas Member JAIR S. ATIANTIC AVE #401 COCOA BEACH, FZ 32937 |
| 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 |
| 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. |

A P. THOMAS
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 "MONTESSORI KID 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 TWENTY-THIRD DAY OF MAY, A.D. 2016.

5968479 8300 SR# 20163580562

Authentication: 202368027

Date: 05-23-16

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