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(Requestor's Name)					
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(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
foxed certificate 12-8-16. W16-78219					
1016-78219					
Office Use Only					



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FILED 16 DEC -8 AMTI: 29

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2016

NATHALIE PONAK 10901 SW 60 CT MIAMI, FL 33156

SUBJECT: AF TUTORING USA LLC Ref. Number: W16000078219

We have received your document for AF TUTORING USA LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 316A00024887

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations

AF Tutoring USA LLC

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SUBJECT:

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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:

Nathalie Ponak

Name of Person

AF Tutoring USA LLC

Firm/Company

10901 SW 60 CT

Address

Miami, FL 33156

City/State and Zip Code

e acadonia. com Donak E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 <u>305</u>) <u>484-5830</u> Area Code Daytime Telephone Number <u>STREET ADDRESS:</u>

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status □ \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

AF Tutoring USA LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC.," 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. (Jurisdiction under the la company is organized)	w of which foreign limited liability 33.	(FEI number, if applicable)		
4	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine p	gistration.) enalty liability)		
5				
10901 SW 60 CT, I	<i>f</i> iami, FL 33156		3.3	
6. 10901 SW 60 CT, N	PIC -			
	(Mailing Address)			
7. Name and street addr	ess of Florida registered agent: (P.O. Box NOT acceptab	le)	r	
Name:	Coradin Law PA		1:29 TATE ORIDA	
Office Address	Office Address: 200 South Biscayne Blvd, Suite 2790			
	Miami	Florida 33131		
Registered agent's acce	(City)	(Zip code)		

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Having been named as registered agent and to accept service of process for the above stated limited llability 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:

10901 SW 60 CT, Miami FL 33156	Nathalie Ponak, Manager	
	10901 SW 60 CT, Miami FL 33156	

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)

PONAK

Signature of an authorized person

Typed or printed name of signee

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.



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AF TUTORING USA 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 THIRTIETH DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AF TUTORING USA LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

16 DEC -8 AH II: 29



6195859 8300 SR# 20166793904

Authentication: 203416546 Date: 11-30-16

SR# 20166793904 You may verify this certificate online at corp.delaware gov/authver.sntml

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