10000394

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H17000126249 3)))



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To:

Division of Corporations

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From:

Account Name : CAPITOL SERVICES, INC.

Account Number: 120160000017

: (800)345-4647

Phone Fax Number

: (800) 432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company **EVEREST CAMPUS EAST, LLC**

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K. SALY

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MAY 1 0 2017

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COVER LETTER

TO: Registration Section Division of Corporation					
SUBJECT: Everest Ca	ampus East, LLC				
		f Limited Liability Con	npeny		
			n to Transact Business in Florida," Certificate liability company to transact business in Flori		
Please return all corresponde	nce concerning this matter to th	e following:			
	<u>. 1</u>	Name of Person	<u>,</u>		
Capitol Services - Corporate Filings Team					
	. Firm/Company				
	206 E	9th St, Ste 1300)		
•		Address			
	Austin TX 78701				
	City/	State and Zip Code			
	jtorkelson	@peakcampus.c	som .		
	E-mail address: (to be us	ed for future annual rep	oort notification)		
For further information conce	croing this matter, please call:	•			
		at (800)	345-4647		
Na	me of Contact Person	Area Code	Daytime Telephone Number		
MAILING APPRI Division of Corpora Registration Section P.O. Box 6327 Tallahassoc, FL 323	tions	Di Re Cl 26	refer Address: vision of Corporations egistration Section ifton Building 61 Executive Center Circle illahassee, FL 32301		
Enclosed is a check for the fa		\$155.00 Filing F Certified Copy	ce & \$\int_\$160.00 Piling Fee, Certificate of Status & Certified Copy		

H17000126249 3

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

	TION 605.0902, FLORIDA STATUTES, THE . ISINESS INTHE STATE OF FLORIDA:	POLLOWING IS SUBMITTED TO REGISTER A POREZ	GN LIMITED LIABILITY
1. Everest Campus (Name of For	s East, LLC eign Umited Uability Company; must inch	ude "Limited Liability Company," "L.L.C.," or "LLC.	<u>")</u>
(If name unavailable, enter at Liability Company," "L.L.C,		maacting business in Florida. The alternate mame mus	t implude "Limited
2. Delaware		47-2624922	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. N/A			
<u> </u>	(Date first transacted business in F (Sec sections 605.0904 & 605.0905,	Torids, if prior to registration.) P.S. to determine penalty Hability)	
5. 2970 Clairmont	Road NE, Suite 310		MINN -8 M 8: 59 SECRETARY OF STATE TALLAHASSEE, FLORING
Atlanta, GA 303	20		12 m
Allanta, OA 000	(Street Address of Princip	al Office)	
6. 2970 Clairmont	Road NE, Suite 310		FILLAHASSEE, FLORIDA
Atlanta, GA 303	29		SSA
	(Mailing Addres	8)	59 强
7. Name and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	For a
Name:	Capitol Corporate Services	s, Inc.	
Office Address:	155 Office Plaza Dr Ste A		F
	Tallahassee	, Florida 32301	
, Ti	(City)	(Zip code)	
designated in this applicates complywith the provision	gistered agent and to occept service of tion, I hereby accept the appointment	f process for the above stated limited liability co as registered agent and agree to act in this cape r and complete performance of my duties, and Kim Tadlock, Asst. Secretar of Capitol Corporate Ser	octor. I further agree I am fundliar with and 'y on behalf
	(Registered eq	ent's signature)	·
8. The name, title or caps	unity and address of the person(s) who l	has/have suthority to manage is/are:	
Everest Campus M	lanagement, LLC, sole men	nber	
2970 Clairmont Ro	ad NE, Suite 310		
Atlanta, GA 30329	,		
	of which it is organized. (If the certifier	, duly anthemicated by the official having custod ate is in a foreign language, a translation of the or	
	N ₂	nuthorized person	
This document is executed submitted in a document to	in accordance with section 605.0203 (the Department of State constitutes a fi	 (b), Florida Statutes. I am aware that any false hird degree felony as provided for in s.817.155, F 	information ?.8.
•	-	ifer Hill	

Typed or printed name of signer

<u>Delaware</u>

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EVEREST CAMPUS EAST, 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 EIGHTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVEREST CAMPUS EAST, LLC" WAS FORMED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2014.

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



F,

Authentication: 202503032

Date: 05-08-17

5659274 8300

SR# 20173222504

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



May 9, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC

SUBJECT: EVEREST CAMPUS EAST, LLC

REF: W17000039552

PLEASE GIVE THE ORIGINAL SUBMISSION DATE AS THE FILE DATE 5/8/17

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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 FAX Aud. #: H17000126249 Letter Number: 517A00009121

