

4/16/2018

Division of Corporations

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
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**Foreign Limited Liability Company
Educational Partners International, LLC**

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APR 17 2018
J. HARRIS

H180001193633

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Educational Partners International, 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," "LLC," or "LLC")

2 North Carolina

20-5995997

(Jurisdiction under the law of which foreign limited liability
company is organized)

(FEI number, if applicable)

3 04/15/2018

(Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

4 105 Whitson Ave, Swannanoa, North Carolina 28778

(Street Address of Principal Office)

5 105 Whitson Ave, Swannanoa, North Carolina 28778

(Mailing Address)

6 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Business Filings Incorporated

Office Address: 1200 South Pine Island Road

Plantation

(City)

Fla. ID# 33324

(Zip code)

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 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.

Mark Williams

(Registered agent's signature) Mark Williams, A.V.P., Business Filings Incorporated

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are

Member: Anthony Gulla, 2918 Wynnwood Rd, Greensboro, North Carolina 27408

Member: Debra Martin, 15 Alpine Way, Swannanoa, North Carolina 28778

Member: Timothy Gulla, 92 Bon Air Circle #19, Suffern, New York 10901

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)

Anthony Gulla

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I declare 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.

Anthony Gulla, Member

Typed or printed name of signer

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TALLAHASSEE, FLORIDA



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

EDUCATIONAL PARTNERS INTERNATIONAL, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 21st day of November, 2006, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 16th day of April, 2018.

Elaine F. Marshall

Secretary of State