## Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001561483)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name " TVCORP SERVICES, LLC

Account Number : 120080000007 Phone : (845) 425-0077 Fax Number : (845) 818-3588

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

Email Address:

## Foreign Limited Liability Company Clever Training Operating Co, LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$160.00 |

Electronic Filing Menu Corporate Filing Menu

Help



## H18000156148 3

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

IN COMPLIANCE WITH SECTION (OSCINIZ, FLORIDA STATUTES, THE FOLLOWING IS CURMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| f zame unavallable, enter alternate   | name adopted for the purpose of manacting business   | as in Florida The a  | ternate name must include "Limited Lia   | oskiy Company.                                 | "LI.C," or "LL                           | C.7                |
|---|--|--|--|--|--|--------------------|
| Delaware  |  | 1  | 82-5479177   |  |  |                    |
| (Jurisdiction under the law of which foreign limited liability company is organized)  |  | 1)   | (FEI number, il applicable)  |  |  | -                  |
|   |  |  |  |  |  |                    |
|   | Date first transacted business in Florida, if (See sections 605,094) & 605,0905, F.S. to   | prior to registration<br>a determine penalty   | (mbdity)   |  | <u> </u>                                 | د.<br>30           |
| 10360 72nd St. Seminole, FL 33777   |  | 6.   | 10360 72nd St, Seminale,   | F1, 33777                                      | 1  |                    |
| (Street Address of  | Principal (Mice)   |  | (Malug Add   | (CII)  |  |                    |
| ···   | - <del> </del>   |  |  |  | • 0                                      | . pris             |
|   |  |  |  |  |  |                    |
| None and streat udden   | en of Florida supirisead agent: (D.C   | ) Boy MOT :  | incentuble)  |  | . '                                      |                    |
| 7. Name and street address of Florida registered agent: (P.O. Box   |  |  | (  |  | , <del></del> ,                          | 120                |
| Name:   | Vcorp Services, LLC  | 0. % 400   | <del></del>  |  | 2  | £                  |
| Office Address:   | 5011 South State Road 7, 5   | Suite 106  |  |  | <br>3⊁                                   | (3)                |
|   | Davie  |  | . , Florida 33314  |  |  |                    |
|   |  |  | , riorius  |  |  |                    |
| csignated in this applica<br>comply with the provis   | City) Munce: egistered agent and to accept servi ntion, I hereby accept the appointn itions of all statutes relative to the p is of my position as registered agen   | ce of process<br>nent as registe<br>proper and cu-   | (in the above stated limited red agent and agree to act  | liability co<br>In this cape                   | ecity. I furth                           | ter agr            |
| laving been named as re<br>esignated in this applice<br>ocomply with the provis   | otunce: egistered agent and to accept servi- ntion, I hereby accept the appointni ions of all statutes relative to the p is of my position as registered agen  | ce of process<br>nent as registe<br>proper and cu  | (in the above stated limited red agent and agree to act  | liability co<br>In this cape                   | ecity. I furth                           | ter agri           |
| laving been named as re<br>esignated in this applice<br>o comply with the provis<br>nd accept the obligation  | ofunce: egistered agent and to accept servication, I hereby accept the appointnions of all statutes relative to the pass of my position as registered agent (Registered)   | ce of process<br>ment as registe<br>proper and cu-<br>nt   | for the above stated limited<br>ered agent and agree to act<br>mpicte performance of my  | liability co<br>In this cape                   | ecity. I furth                           | her agri           |
| laving been named as re<br>esignated in this applice<br>o comply with the provis<br>nd accept the obligation  | otunce: egistered agent and to accept servi- ntion, I hereby accept the appointni ions of all statutes relative to the p is of my position as registered agen  | ce of process, nent as registe proper and cu- nit lagent's tignature) who has/have   | for the above stated limited<br>ered agent and agree to act<br>mpicte performance of my  | llability co<br>In this cape<br>duties, and    | ecity. I furth                           | ter agr<br>ar with |
| laving been named as re<br>esignated in this applice<br>ocomply with the provis<br>nd accept the obligation<br>i. The name, title or cap  | ntunce: egistered agent and to accept servication, I hereby accept the appointmines of all statutes relative to the pass of my position as registered agent (Registered acity and address of the person(s) to Name and Address:  Clever Training Acquisi   | nent as register<br>proper and con<br>agent's tignature)<br>who has/have a   | for tim above stated limited ered agent and agree to act mpicte performance of my authority to manage is/are:  | llability co<br>In this cape<br>duties, and    | zcity. I furt)<br>I am familio           | ter agr<br>ar with |
| taving been named as recisionated in this applicate to comply with the provision accept the obligation.  The name, title or caparity:   | ntunce: egistered agent and to accept servication, I hereby accept the appointmitions of all statutes relative to the pass of my position as registered agent (Registered agent acity and address of the person(s) where and Address:  Clever Training Acquisition 10360 72nd St., Sul Tiles.                    | nent as register<br>proper and con<br>agent's tignature)<br>who has/have a   | for tim above stated limited ered agent and agree to act mpicte performance of my authority to manage is/are:  | llability co<br>In this cape<br>duties, and    | zcity. I furt)<br>I am familio           | ter agr<br>ar with |
| taving been named as recisionated in this applicate to comply with the provision accept the obligation.  The name, title or caparity:   | ntunce: egistered agent and to accept servication, I hereby accept the appointmines of all statutes relative to the pass of my position as registered agent (Registered acity and address of the person(s) to Name and Address:  Clever Training Acquisi   | nent as register<br>proper and con<br>agent's tignature)<br>who has/have a   | for tim above stated limited ered agent and agree to act mpicte performance of my authority to manage is/are:  | llability co<br>In this cape<br>duties, and    | zcity. I furt)<br>I am familio           | ter agr<br>ar with |
| taving been named as recisionated in this applicate to comply with the provision accept the obligation.  The name, title or caparity:   | ntunce: egistered agent and to accept servication, I hereby accept the appointmitions of all statutes relative to the pass of my position as registered agent (Registered agent acity and address of the person(s) where and Address:  Clever Training Acquisition 10360 72nd St., Sul Tiles.                    | nent as register<br>proper and con<br>agent's tignature)<br>who has/have a   | for tim above stated limited ered agent and agree to act mpicte performance of my authority to manage is/are:  | llability co<br>In this cape<br>duties, and    | zcity. I furt)<br>I am familio           | ter agr<br>ar with |
| taving been named as recisionated in this applicate to comply with the provision accept the obligation.  The name, title or caparity:   | ntunce: egistered agent and to accept servication, I hereby accept the appointmitions of all statutes relative to the pass of my position as registered agent (Registered agent acity and address of the person(s) where and Address:  Clever Training Acquisition 10360 72nd St., Sul Tiles.                    | nent as register<br>proper and con<br>agent's tignature)<br>who has/have a   | for tim above stated limited ered agent and agree to act mpicte performance of my authority to manage is/are:  | llability co<br>In this cape<br>duties, and    | zcity. I furt)<br>I am familio           | ter agr<br>ar with |
| laving been named as recisionated in this applicate to this applicate to comply with the provisional accept the obligation of the name, title or cap Title or Capacity:  Manager  | ntunce: egistered agent and to accept servication, I hereby accept the appointmitions of all statutes relative to the pass of my position as registered agent (Registered agent acity and address of the person(s) value and Address:  Clever Training Acquisition 10360 72nd St., Su., Ti., Seminole, F1, 33777 | nent as register<br>proper and con<br>agent's tignature)<br>who has/have a   | for tim above stated limited ered agent and agree to act mpicte performance of my authority to manage is/are:  | llability co<br>In this cape<br>duties, and    | zcity. I furt)<br>I am familio           | ter agr<br>ar with |
| laving been named as reesignated in this applicate the comply with the provising accept the obligation.  3. The name, title or caparity:  Manager  Use attachments if necessity:  | ntunce: egistered agent and to accept serviction, I hereby accept the appointmitions of all statutes relative to the pass of my position as registered agent (Regiment acity and address of the person(s) Name and Address:  Clever Training Acquisi 10360 72nd St., Su. 17 Seminole, Ft. 33777                  | nent as register proper and cut in agent's rignature) who has/have a titions, LC   | for the above stated limited ered agent and agree to act implete performance of my authority to manage is/are:   | Name ar  | acity. I furth I am familia  nd Address: | her ugr<br>ar with |
| laving been named as resignated in this applicate the comply with the provision accept the obligation.  The name, title or capacity: Manager  Use attachments if neces. Attached is a certificate   | egistered agent and to accept serviction, I hereby accept the appointmitions of all statutes relative to the pass of my position as registered agent acity and address of the person(s) Name and Address:  Clever Training Acquisitional Sommole, F1, 33777  Sommole, F1, 33777                                  | ce of process, ment as registeroper and commits again's signancie) who has/have a Tistions, LC   | for the above stated limited ared agent and agree to act applicite performance of my authority to manage is/are: tle or Capacity:  | liability co In this cape duties, and  Name ar | ncity. I furth I am familia  nd Address: | in the             |
| laving been named as resignated in this applicate the comply with the provision accept the obligation.  The name, title or capacity: Manager  Use attachments if neces. Attached is a certificate   | ntunce: egistered agent and to accept serviction, I hereby accept the appointmitions of all statutes relative to the pass of my position as registered agent (Regiment acity and address of the person(s) was and Address:  Clever Training Acquisi 10360 72nd St., Sultisemble, Fl. 33777  Seminole, Fl. 33777  | ce of process, ment as registeroper and commits again's signancie) who has/have a Tistions, LC   | for the above stated limited ared agent and agree to act applicite performance of my authority to manage is/are: tle or Capacity:  | liability co In this cape duties, and  Name ar | ncity. I furth I am familia  nd Address: | in the             |
| Taving been named as recisionated in this applicate to this applicate to comply with the provisional accept the obligation of the name, title or cap Title or Capacity:  Manager  Use attachments if necessificate to the translator must be second of the translator must be second. This document is executed in the second of the translator must be second. | ntunce: egistered agent and to accept serviction, I hereby accept the appointmitions of all statutes relative to the pass of my position as registered agent (Regiment acity and address of the person(s) was and Address:  Clever Training Acquisi 10360 72nd St., Sultisemble, Fl. 33777  Seminole, Fl. 33777  | reper and company of the second company of t | for the above stated limited red agent and agree to act implete performance of my authority to manage is/are: tle or Canacity:  The agent and agree to act in the agent agent and agent ag | Name ar  | ncity. I furth I am familia and Address: | in the             |

H18000156148 3



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLEVER TRAINING OPERATING CO, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE SF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "CLEVER TRAINING OPERATING CO, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLEVER TRAINING OPERATING CO, LLC" WAS FORMED ON THE EIGHTH DAY OF MAY, A.D. 2018.

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

this site

6876232 8300E

SR# 20183992085

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

Authentication: 202725206

Date: 05-18-18