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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	MATRIX Advanced Math Academy, LLC
570199£	Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of ce, 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:
	Yael Margalit
	Name of Person
	MATRIX Advanced Math Academy, LLC
	Firm/Company
	9100 Conroy Windermere Road, Suite 200
	Address
	Windermere, Florida 34786
	City/State and Zip Code
	yael@matrixmathacademy.com; e.margalit@comcast.net
	E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
	Eli Margalit 224 725-9911
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclose	d is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY/TOTRANSACTER SINESS, IN THE STATE OF FLORIDA:

1. MATRIX Advanced M (Name of Foreign	ath Aca		Liabilit	y Company," "L.L.C.," or "LL.C.")		
	ame adopte	d for the purpose of transacting business in Flor	ida The s	heriate name must include "Limited Liab	lity Company," "L.L.C," or "ELC	")
2. State of Delaware (Jurisdiction under the law of w	hich foreign	limited liability company is organized)	3.	(FEI numbe	er, if applicable)	
	•					
4	(Dat	e first transacted business in Florida, if prior to n sections 605 0904 & 605,0905, F.S. to determin	egistration			
0100 Canron Window					Dood	
5. 9100 Conroy Windermere Road (Street Address of Principal Office)		6.	9100 Conroy Windermere Road (Mailing Address)			
Suite 200	•	,		Suite 200	. ~	
Windermere, Florida 34786			Windermere, Florida 34786	25E		
7. Name and street address Name:	_	orida registered agent: (P.O. Box tered Agents Inc.	NOT:	acceptable)	SECRETARY O	FILE
Office Address:	3030 N Rocky Point Dr., Ste. 150A				X OF SOM	O
	Tampa			, Florida 33607	<u> </u>	
Registered agent's accep		(City)		(Zip code		
		all statutes relative to the proper position as registered agent.	and co	mplete performance of my d	uties, and I am familia	r with
		TRegistered agent à s	(gnature)			
8. The name, title or capa <u>Title or Capacity:</u>	ecity and	d address of the person(s) who has Name and Address:		authority to manage is/are: itle or Capacity:	Name and Address:	
	.	Yael Margalit				
President & GM						
		9100 Conroy Winderme	ere R	oad, Suite 200		
	_	Windermere, Florida 34	478 <u>6</u>			
			•			
(Use attachments if neces	earu)					
9. Attached is a certificate	of exis	tence, no more than 90 days old, on the certificate of the certificate				
10. This document is exec submitted in a document to	the De	partment of State constitutes a thin	rd degr	Florida Statutes. I am aware ee felony as provided for in s	that any false information 1817.155, F.S.	on
	ı	′) U				

Typed or printed name of signee

Yael Margalit, President & GM



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MATRIX ADVANCED MATH ACADEMY, 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 TWELFTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MATRIX ADVANCED MATH ACADEMY, LLC" WAS FORMED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2018.

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

A LANGE OF THE STATE OF THE STA

Authentication: 203878566

Date: 11-12-18