## 44000003044

(Requestor's Name)		
(Address)	<u> </u>	
(Address)		
(City/State/Zip/Phone #)	<del></del>	
, ,		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
(Document Number)		
Certified Copies Certificates of Sta	tus	
Special Instructions to Filing Officer:		
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need aus W19-18057	3/25	



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Office Use Only

MAR 2 8 2010 S. PRATHER



February 23, 2019

ROBYN STURGEON 2830 MIRELLA CT #4103 WINDERMERE, FL 34786

SUBJECT: EDUCARE CONSULTING LLC

Ref. Number: W19000018057

We have received your document for EDUCARE CONSULTING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6900.

Stacy Prather Regulatory Specialist III

Letter Number: 019A00003864

RECEIVED MAR 2 5 2019

## COVER LETTER

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TO: Registration Section Division of Corporation	ıs		
suвјест: <u>Е</u> ф	Carl Cons	Suting LL( Limited Liability Company	
			ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return all correspondence of	oncerning this matter to the	following:	
	Robyn	Stugeov Jame of Person	
	Educar	u Consult	ing LIC
	2830 M	nrella C+	# 4103
	Winder City/s	State and Zip Code	34786
	E-mail address: (to be use	Educaneconsul de for future annual report no	utuc, org
For further information concerning	g this matter, please call:		
Robyn (Name o	Shurgeon Contact Rarson	at ( <u>362</u> ) <u>25</u> Area Code Day	Time Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exc	F ADDRESS: of Corporations ion Section Building ceutive Center Circle See. FL 32301
Enclosed is a check for the following S125.00 Filing Fee	ing amount:  \$\infty\$ \$\frac{3}{3} \text{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 605.0002, FLORIDA STATUTES TO COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  A.C.
(Name of Foreign Limited Liability Company; must include "I	Limited Liability Company," "L.L.C.," or "LLC.")  s in Florida. The alternate risine must exclude "Limited Liability Company." "L.L.C." or "LL.C.")
2. (Jurisdiction under the law of which foreign limited hability company is organized)	3. <u>83-1706862</u> (FEI number, if applicable)
4. Done yet (Date first transacted business in Florida, if p (See sections 605 0904 & 605,0905, E.S. to a	mor to registration ) determine penalty liability)
5. G272 Bales Rd  1Street Address of Principal Office)  Seaford DE 19973	6. <u>2830 Mirella († #4103</u> Windermere, FL 34786
7. Name and <u>street address</u> of Florida registered agent: (P.O.	
Name: Köbyn Sturgeon	1 (Educare Consulting, LLC)
Unifice Address: XXXX IIII MINI	. Florida 34786
designated in this application, I hereby accept the appointment to comply with the provisions of all statutes relative to the praid accept the obligations of my position as registered agent	ho has/have authority to manage is/are:  Title or Capacity:  Name and Address
(Use attachments if necessary)	
	old, duly authenticated by the official having custody of records in the ficate is in a foreign language, a translation of the certificate under oath
submitted in a document to the Department of State constitutes    Column   State constitutes   Column   Col	.0205 (1) (0). Florida Statutes, 1 am aware that any false information is a third degree felony as provided for in s.817.155. F.S.  Thattie of an authorized person  Statute of an authorized person  Statute of an authorized person  Statute of an authorized person

Page 1



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

DELAWARE, DO HEREBY CERTIFY "EDUCARE CONSULTING 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 ELEVENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EDUCARE CONSULTING LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2018.

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

Authentication: 202417298

Date: 03-11-19