

ma1000000207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

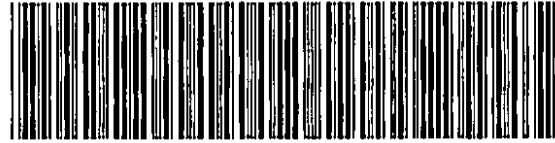
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

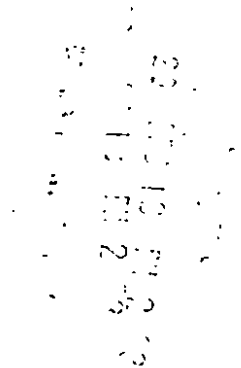
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12/18/20--01016--008 **130.00



COVER LETTER

**To: Registration Section
Division of Corporations**

SUBJECT: I LEARN AMERICA LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

JEAN MICHEL DISSARD

Name of Person

I LEARN AMERICA LLC

Firm/Company

443 12th Street #1b

Address

BROOKLYN NY 11215

City/State and Zip Code

ilearnamerica@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN MICHEL DISSARD

347

628 7017

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:**

LEARN AMERICA LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

NEW YORK STATE

27-3895930

3.

(FEI number, if applicable)

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

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

43 12th Street #1b

443 12th Street #1b

6.

(Mailing Address)

(Address of Principal Office)

Brooklyn NY 11215

Brooklyn NY 11215

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

Name:

Deborah Williams

Office Address:

14303 Flora Lane

Wellington

Florida

33414

(City)

(Zip code)

Registered agent's acceptance:

I have been named as registered agent and to accept service of process for the above stated limited liability company at the place stated 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.

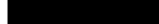
(Registered agent's signature)

Deborah Williams

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Jean Michel Dissard</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>443 12th Street #1b</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Brooklyn NY 11215</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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

the Department of State

 an authorized person

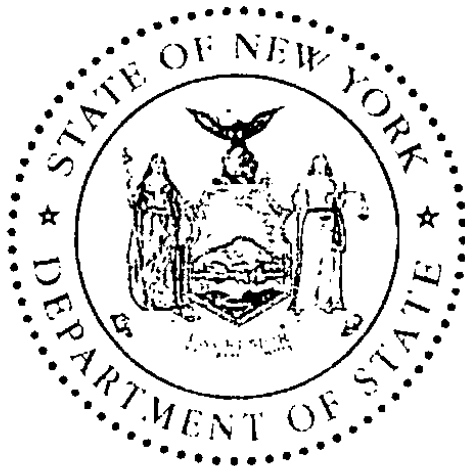
JEAN MICHEL DISSARD

Typed or printed name of signee

State of New York
Department of State } ss:

I hereby certify, that I LEARN AMERICA LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/08/2010, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 18th day of November two
thousand and twenty.*

Brendan C. Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*

Biennial Statement
NYS Department of State
Division of Corporations, State Records &
Uniform Commercial Code
<http://www.dos.ny.gov>

BUSINESS NAME: I LEARN AMERICA LLC

FILING PERIOD: 11/2020

Service of Process Address (Address must be within the United States or its territories)

MICHEL DISSARD

Line 1
H STREET #1B

Line 2

CLYN

State
NY

Zip Code
11215

Information

I, the undersigned, declare that the statements contained herein are true to the best of my knowledge, that I am authorized to sign this Biennial Statement and that my signature typed below is my electronic signature.

Signature
MICHEL DISSARD

Printed Name of Signer
ER

FILED WITH THE NYS DEPARTMENT OF STATE ON: 12/02/2020
FILING NUMBER: 201202060599 - 4016936