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(Re	questor's Name)	
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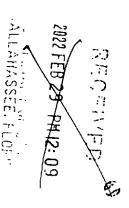
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S. ROBERTS MAR 0 1 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 03/01/2022	
Name: Jennifer Bialowas	
Reference #: 1502748	
Entity Name: EDUCO-CONSULTING L	LC
Articles of Incorporation/Authorization to Transact Busin	
☐ Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
✓ Other Upon filing please provide a cert	tified copy
Authorized Amount: 155.00 Signature:	

COVER LETTER

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TO:

то:	Registration Section Division of Corporations					
SHRB	ECT: EDUCO-CO	USNC	LTING L	LC		
SOBA		Limited	Liability (Comp	any	
	aclosed "Application by Foreign Limited Liability Comnee, and check are submitted to register the above refer					
Please	return all correspondence concerning this matter to the	followi	ng:			
	Bil	ll McC	onnell			
	. N	lame of	Person			
	EDUCO-0	CONS	ULTING	LLC		
	F	irm/Cor	npany			
	310 West	72nd	St, Suite	e 16F	=	
		Addr	288			
	New \	York, N	NY 1002	3		
	City/S	State and	Zip Code			
		1.0		•		
	E-mail address: (to be use	ed for ful	ure annual	repor	rt notification)	
For fui	ther information concerning this matter, please call:					
	Bill Connell	at (516)	603-2597	
	Name of Contact Person		Area Code		Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				Divi Regi Clift 2661	sion of Corporations istration Section ion Building 1 Executive Center Circle ahassee, FL 32301	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR* \$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee}\$ Certificate of Sta	<u>r</u> [>	** OF STA ** \$155.00 Certifi	Filin		

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	EDUCO-CONS	ULTING LL	.C				
(Name of Foreign Lin	nited Liability Company; must include "Limite	id Liability Compa	any," "L.L.C.,"	or "LLC.")			
If name unavailable, enter alternate name	adopted for the purpose of transacting business in Flo	ortda. The alternate is	ame must include	"Limited Liability Co.	mpany," "L.L.C,"	or "LLC.	.)
)	ew York	3		(FEI number, if ap			
(Jurisdiction under the law of which	foreign limited liability company is organized)			(FEI number, if app	nheable)		
·	(Date first transacted business in Florida, if prior to	remetration 1		 			
	(See sections 605 0904 & 605,0905, F.S. to determ	nine penalty liability)					
42 Ga	ige Ct	6.		42 Gage Ct			
(Street Address of Princ	apal Office)	V		(Mailing Address)	-		
Tappan, N	NY 10983		Тар	pan, NY 10	983		
					ć:	2(
Name and street address of	of Florida registered agent: (P.O. Box	NOT accepta	ible)		TALLAH	122 MAR –	-
Name:	COGENCY GLOBAL	INC.			50 00 00 00	- AH	1
Office Address: _	115 North Calhoun St. S	Suite 4	-			9: 23	'n
	Tallahassee		. Florida	32301			
_	(City)	-		(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.

Jeff Cohen, Asst. Sec.

Title or Capacity:	Name and Address: Name: Maria Quail	Title or Capacity:	Name:	Name and Address: Bill McConnell		
✓Member	Address: 42 Gage Ct	Member		040141 170 101		
Authorized	Tappan, NY 10983	Authorized		Suite 16F		
Person		Person	New York, NY 10023			
Other	¹Other	Other	Other			
Manager	Name:	📘 Manager	Name:			
Member	Address:	Member	Address:			
Authorized		Authorized				
Person		Person	14			
Other	Other	Other		Other		
∐Manager	Name:	☐ Manager	Name:			
∐Member	Address:	Member	Address:	<u> </u>		
Authorized		Authorized				
Person		Person				
Other	Other	Other		Other		
9. Attached is a cert jurisdiction under the of the translator must 10. This document is	s executed in accordance with section 605.03 nent to the Department of State constitutes a	Florida Department of State d. duly authenticated by the cate is in a foreign language. 203 (1) (b), Florida Statutes.	Annual Report official having of a translation of	form. custody of records in the the certificate under oath any false information		
	Signat	the of an annoused person				

Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ. Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: EDUCO-CONSULTING LLC

DOS ID Number: 5765758

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING
Date of Initial Filling with DOS: 06/11/2020

Statement Status: CURRENT Statement Due Date: 06/30/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 21, 2022 at 07:34 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C. Heylan

By Brendan C. Hughes Executive Deputy Secretary of State

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