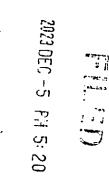
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#### **COVER LETTER**

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SmartStart Education, LLC  BJECT:	
	ame of Limited Liability Company
e enclosed "Application by Foreign Limited Liabilitistence, and check are submitted to register the above	ty Company for Authorization to Transact Business in Florida," Cert we referenced foreign limited liability company to transact business in
ase return all correspondence concerning this matte	er to the following:
Hallic Aronson	
	Name of Person
SmartStart Education, LLC	
	Firm/Company
59 Elm Street, Suite 225	
	Address
New Haven, CT 06510	
	City/State and Zip Code
haronson@smartstarteducation.com	
E-mail address: (to	be used for future annual report notification)
further information concerning this matter, please (	call:
Hallie Aronson	203 751-7161
Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing F	

## 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

COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: SmartStart Education, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.I.C.") N/A (If name survailable, order alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 20-8227287 (Jurisdiction under the law of which foreign lumited liability company is organized) N/A - Have not yet conducted business in Florida, but seeking to do business in Florida going forward. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty imbility) 59 Elm Street, Suite 225 59 Elm Street, Suite 225 (Street Address of Principal Office) (Mailing Address) New Haven, CT 06510 New Haven, CT 06510 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Adam Kabinoff Name: 1083 Bahia Vista Ct Office Address: Sarasota 34232-2403 . Florida (Cáy) 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. dottoop vertiled 11/29/23 10:59 AM EST BMSG-EEAA-WCZZ-EGLZ

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Hallie Aronson Isaak Aronson ■ Manager □ Manager Address: 59 Elm Street, Suite 225 Address: \_\_ 59 Elm Street, Suite 225 **■**Member **■**Member New Haven, CT 06510 New Haven, CT 06510 Authorized Authorized Person Person □ Other\_\_\_\_\_ □Other Other ☐Other □ Manager □ Manager Name: ☐ Member Address: □ Member Address: \_\_\_\_\_ □ Authorized □ Authorized Person Person ☐Other\_\_\_\_ □Other\_\_\_\_ □ Other □Other\_\_\_\_ □ Manager Name: \_\_\_\_\_ Name: \_\_\_\_\_ ☐ Manager □Member Address: Address: ☐ Member ☐ Authorized □ Authorized Person Person □Other\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 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. Signature of an authorized person

Typed or printed came of signer

Isaak Aronson

### Page 1

## <u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SMARTSTART EDUCATION, 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 TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2023.

Authentication: 204269600

Date: 09-28-23