

M 990000002000

December 2, 1999

Registration Section  
Division Of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

900003060648-6  
-12/03/99-01100-012  
\*\*\*160.00 \*\*\*160.00

Attention: Registration Section

Division of Corporations:

Enclosed is my application , original certificate of good standing, and the associated fees.  
Please mail all correspondences to:

Katherine Mandry  
3821 Cold Creek Drive  
Valrico, FL 33594

Sincerely,

*Katherine Mandry*  
Katherine Mandry

APPROVED  
AND  
FILED  
99 DEC 15 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~WAA 21877~~

00789/02831/00071

JB  
12-10-99



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

December 7, 1999

KATHERINE MANDRY  
3821 COLD CREEK DRIVE  
VALRICO, FL 33594

SUBJECT: BLOOMINGDALE KUMON CENTER, LLC  
Ref. Number: W99000027877

We have received your document for BLOOMINGDALE KUMON CENTER, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the usual business addresses of its managing members or managers.

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) 487-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 499A00057484

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Bloomington Kumon Center, LLC  
(Name of foreign limited liability company)

2. State of Nevada 3. 59-3610593  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. November 18, 1999 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 3821 Cold Creek Drive  
Valrico FL 33594  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

9. The usual business addresses of the managing members or managers are as follows:  
3821 Cold Creek Drive  
Valrico FL 33594

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Educational Learning Center

Katherine Mandry  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Katherine Mandry  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Bloomington Kumon Center, LLC

2. The name and the Florida street address of the registered agent and office are:

Katherine Mandry  
(Name)

3821 Cold Creek Drive  
Florida street address (P.O. Box NOT ACCEPTABLE)

Valrico FL 33594  
City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

Katherine Mandry  
(Signature)

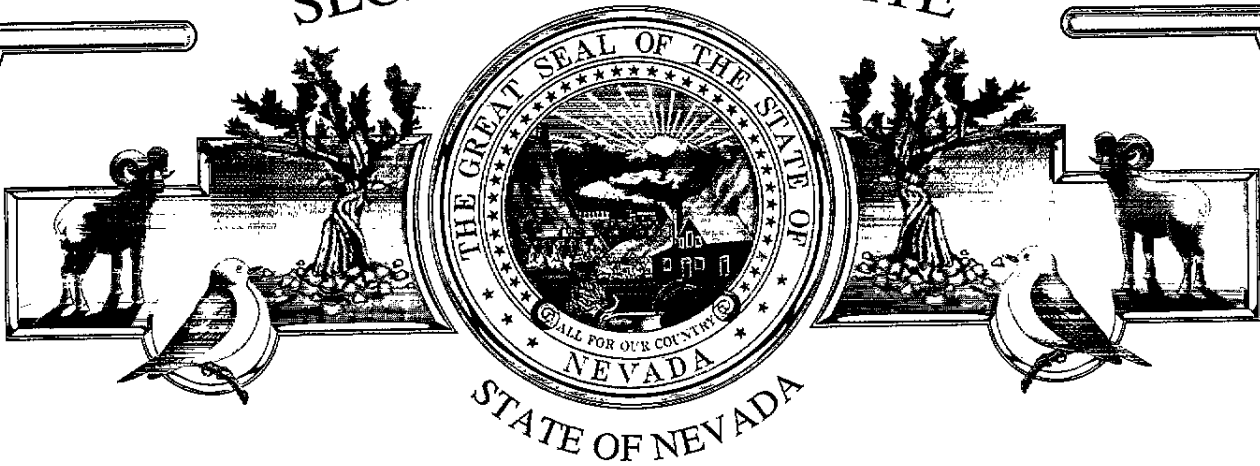
\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BLOOMINGDALE KUMON CENTER, LLC**, as a limited-liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 18, 1999, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on November 29, 1999.



*Dean Heller*

Secretary of State

By

*Jacqueline Wright*

Certification Clerk

99 DEC 15 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AND  
FILED