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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)828-2262

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ALDC Education Corp.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

RECEIVED
14 OCT -3 PM 2:40
TALLAHASSEE, FLORIDA

RECEIVED
14 OCT -3 PM 5:00
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ALDC Education Corp.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

580 Harbor Drive

Key Biscayne, FL 33149

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the Corporation shall be to own and operate a Kumon Math and Reading Center franchise and for all other uses incidental thereto.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares at \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Silvia Costa, Director

Name and Title: _____

Address: 580 Harbor Drive

Address: _____

Key Biscayne, FL 33149

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

14 OCT -3 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Worldwide Corporate Administrators LLC
Address: 2330 Ponce De Leon Blvd Suite 201
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Blackledger Entity Management LLC
Address: 2330 Ponce De Leon Blvd, Suite 201
Coral Gables, FL 33134

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: Kristine Duran, Attorney-in-Fact

Required Signature/Registered Agent

09/25/2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

By: Kristine Duran, Attorney-in-Fact

Required Signature/Incorporator
Blackledger Entity Management LLC - Incorporator
By: Kristine Duran, Attorney-in-Fact

09/25/2014

Date

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STATE DEPARTMENT OF REVENUE