

P240000017597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

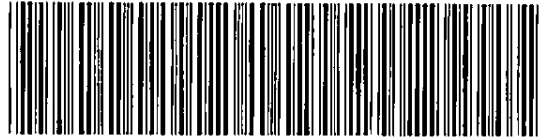
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 MAR 12 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

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2024 MAR 12 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 03/11/2024

**\*\*WALK IN\*\***

ENTITY NAME Learning2Care NA, Inc.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

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**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 70

ACCOUNT # 120140000108  
United Corporate  
Services, Inc.

*Keith Leppard*

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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: Learning2Care NA, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address  
200 Biscayne Blvd Way, Unit 4307  
Miami, FL 33131

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Sale of eLearning Software

**ARTICLE IV SHARES**

The number of shares of stock is: 10000000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Manjeet Dhariwal - President

Address: 200 Biscayne Blvd Way, Unit 4307  
Miami, FL 33131

Name and Title: Manipal Dhariwal - Secretary

Address: 200 Biscayne Blvd Way, Unit 4307  
Miami, FL 33131

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FL

FILED

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: United Corporate Services, Inc.

Address: 3458 Lakeshore Drive

Tallahassee, FL 32312

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Manjeet Dhariwal

Address: 200 Biscayne Blvd Way, Unit 4307

Miami, FL 33131

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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:*

Michael A. Barr President, United Corporate Services, Inc.

Required Signature/Registered Agent

*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.*

/S/Manjeet Dhariwal

Required Signature/Incorporator

3/11/2024

Date \_\_\_\_\_

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TALLAHASSEE, FL  
3/11/2024  
Date