RI SOS Filing Number: 202046620550 Date: 7/27/2020 12:10:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1,2-1405</u> , the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement.					
1. The name of the corporation is:					
The Learning Experience Corp.					
It is incorporated under the laws of: Delaware	3				
3. The name, if different, which it elects to use in Rhode Island is.					
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited." or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:					
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: TLE Academy of Early Education					
4. The date of its incorporation is: 10/31/2003					
And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:					
210 Hillsboro Technology Drive, Deerfield Beach, FL 33441					
6. The name and address of the initial registered agent/office in Rhode Island.					
Agent Name Registered Agent Solutions, Inc.					
Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Suite 200					
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
Provides Franchise	Services				
8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):					
NAME			AD	DRESS	
Richard Weissman	210 Hillsboro Technolo		ology Drive, Deerfield Beach, FL 33441		
Joshua Cohen		210 Hillsboro Technology Drive, Deerfield Beach, FL 33441			
Michael Montgomery		210 Hillsboro Technology Drive, Deerfield Beach, FL 33441			
T. Neale Attenborough) 	210 Hillsboro Technology Drive, Deerfield Beach, FL 33441			
<u> </u>		·		Check the box to indicate an attachment	
(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):					
OFFICE	<u> </u>	NAME		ADDRESS	
PRESIDENT	Richard Wei	ssman	210 Hillsboro Technology Drive, Deerfield Beach, FL 33441		
VICE PRESIDENT	N/A	(theat)			
TREASURER	Sandra Levine		210 Hillsboro Te	chnology Drive, Deerfield Beach, FL 33441	
SECRETARY	Michael Shafir		210 Hillsboro Te	chnology Drive, Deerfield Beach, FL 33441	
				Check the box to indicate an attachment	
9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:					
NUMBER OF SHARES	CLAS	S	SERIES	PAR VALUE OR STATE NO PAR VALUE	
1,000	Common			\$0.0001	
 · · · · · · · · · · · · · · · · · ·					
					
10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)					
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%					
11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation					
at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)					
%					

12. This application must be accompanied by a <u>Certificate of Go</u> formation dated within 60 days of the date of this filing.	od Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHE	CK ONE BOX ONLY
Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from	om the date of filing)
Under penalty of penjury, I declare and affirm that I have examin accompanying attachments, and that all statements contained h	
Type or Print Name of Authorized Officer	Date
Michael Shafir	7/17/20
Signature of Authorized Officer of the Corporation	3

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE LEARNING EXPERIENCE CORP." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE LEARNING EXPERIENCE CORP." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Date: 07-17-20

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

July 27, 2020 12:10 PM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

