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(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Boodinest Humber)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Scholaro Inc.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." "Certificate of Existence," or Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Aleksander Morawski
Name of Person
Scholaro Inc.
Firm/Company
29 E. Madison St. #1005
Address
Chicago, IL 60602
City/State and Zip code
morawski@scholaro.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Aleksander Morawski at () 757-S6133
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy \$87.50 Filing Fee. Certificate of Status Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. 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.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are <u>optional</u>. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

COVER LETTER

TO:	ΓO: Registration Section Division of Corporations				
SUBJ	ECT:	Scholaro, Inc.			
300		Name o	f corporation - n	nust include suffix	
Dear S	ir or M	adam:			
"Certif	ficate of	"Application by Foreign Corf Existence," or "Certificate of the Coreign corporation to transfer to the Corporation to the Corpo	of Good Standin	g" and check are submit	Business in Florida," ited to register the
Please	return :	all correspondence concernir	g this matter to	the following:	
Aleksa	nder Mo	orawski			
			Name of Per	son	
Schola	ro. Inc.				
			Firm/Compa	ny	
29 E. M	ladison	St. #1005			
			Address		<u>-</u>
Chicag	go, 1L 60	602			
			City/State and	Zip code	
moraw	ski@scl	nolaro.com			
		E-mail address:	(to be used for	future annual report not	fication)
For fu	rther in	formation concerning this ma	itter, please call	:	
Aleksa	inder Mo	orawski	at ()	757-S6133	<u>. </u>
	Nam	e of Person	Area Code	Daytime Telephor	ne Number
	Regis Divis The C 2415	tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	3 :	MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations
Please	make ch	check for the following amo leck payable to: FLORIDA DE ling Fee	PARTMENT OF \$ Fee & \$ \q		 \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED	O," "COMPANY," "CORPORATION,"	
"Inc" "Co" "Co	orp," "Inc," "Co," or "Corp.")		
		La 16 de la companya	and the Classical
	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting busing	ness in Fiorida)
Illinois	3	(FEI number, if applicab	
	y under the law of which it is incorporated)	(FEI number, if applicab	le)
02/25/2008	5	(Date of duration, if other than po	
(Date	of incorporation)	(Date of duration, if other than po	erpetual)
05/16/2024			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
29 E Madison St	Ste 1005, Chicago IL 60602		
•	(Principal of	ffice street address)	
_	(Current mail	ing address, if different)	
			ָ בְּוֹטְרָנְ
Name and stree	t address of Florida registered agent: (P	.O. Box NOT acceptable)	الله الله
Name:	Alex Brant		ZDZ4 JUH I I PH
name:	11200 D' DI 1 <i>27</i> 52		_
ffice Address:	11200 Biscayne Blvd #752		PH
	Miami	, Florida 33181 (Zip code)	<u>ယ</u> ှ
	(City)	(Zip code)	07
	ent's acceptance:	vice of process for the above stated corp	oration at the n
aving been nam signated in this	application, I hereby accept the appoin	tment as registered agent and agree to a	et in this capac
rther agree to co	omply with the provisions of all statutes	relative to the proper and complete perj	formance of my
At Land Considius	with and accept the obligations of my p	oosition as registered agent.	
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ia i am jamuiar	and or the same	man	
na 1 am jamuiar	A. Barden	mag (

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Alexander Donin Name: ☐ Chairman □ Chairman 805 N La Salle Dr Unit 1701 ☐ Vice Chairman Address: ☐ Vice Chairman Address: Chicago, IL 60610 □Director □Director ■ President □President □ Vice President ☐ Vice President □Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □ Other _____ □Other ______ □Other ____ Name: _____ Name: ______ □ Chairman □ Chairman □ Vice Chairman Address: _____ □Vice Chairman Address: ______ □ Director □Director □President □President □Vice President □Vice President _____ ☐Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □Other _____ □Other □Other _____ Name: _____ □Chairman Name: ______ □ Chairman □ Vice Chairman Address: □Vice Chairman Address: ______ □Director □Director □President □President ☐ Vice President _____ □Vice President □Treasurer □Treasurer □ Secretary □ Secretary □Other _____ □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Donn Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Alexander Donin

File Number

6639-827-7



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

SCHOLARO, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 25, 2008, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD

day of JUNE A.D. 2024

Authentication #: 2415503894 verifiable until 06/03/2025

Authenticate at: https://www.ilsos.gov

Alexi Siamond

SECRETARY OF STATE