

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

P25000009593

2-19-25

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.
 Account Number : 120090000081
 Phone : (307)200-2803
 Fax Number : (813)436-5206

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

Email Address: _____

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FLORIDA PROFIT/NON PROFIT CORPORATION
CASM Learning, Inc

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$70.00 |

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 TALLAHASSEE, FL

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CASM Learning, Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address7901 4th St NSTE 300St. PetersburgFL33702

Mailing address, if different is:

7901 4th St NSTE 300St. PetersburgFL33702**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

to sell education software

ARTICLE IV SHARESThe number of shares of stock is: 10000000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CORPORATIONS

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: Registered Agents Inc
 Address: 7901 4th St N STE 300
 St. Petersburg FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Registered Agents Inc
 Address: 7901 4th St N STE 300
 St. Petersburg FL 33702

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

David Roberts

Required Signature/Registered Agent

02/18/2025

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.

Robin Jones

Required Signature/Incorporator

02/18/2025

Date

Name Resolution

I, Kenneth Johnson, on behalf of MASC LEARNING LLC, last manager and authorized person of CASM LEARNING LLC acting on behalf of the company, authorize Registered Agents Inc to file the name CASM Learning, Inc, a Florida Corporation for use in the State of Florida.

I acknowledge that the original CASM LEARNING LLC, document number L24000155286, has been dissolved, and I have no intentions to reopen it.

Dated this 12th day of Feb, 2025.


Authorized Member

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