

F21000002452

5/4/2021

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION
SkillSpace, Corp.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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May 3, 2021

**Florida Department of State
Division of Corporation
2661 Executive Center Circle
Tallahassee, FL 32314**

To whom it may concern,

The principals for SKILLSPACE LIMITED LIABILITY COMPANY (Document Number L20000389745), a Florida LLC, are in fact the same principals for SkillSpace, Corp., a Delaware corporation that wishes to apply for Authority to transact business in the State of Florida.

The following named principals wish to conduct business as a Delaware corporation with the Authority to transact business in Florida.

A handwritten signature in black ink, appearing to read 'Frank Hessburg', written over a horizontal line.

By
Frank Hessburg, SkillSpace Limited Liability Company

A handwritten signature in black ink, appearing to read 'Frank Hessburg', written over a horizontal line.
Frank Hessburg

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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.

1. SKILLSPACE, CORP.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 86-3184153
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/06/2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9134 Mossy Oak Ln Clermont, FL 34711
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Frank Hessburg

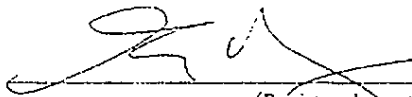
Office Address: 9134 Mossy Oak Ln

Clermont, Florida 34711
(City) (Zip code)

2021 MAY -4 PM 4:45
SECRETARY OF STATE
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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

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A. DIRECTORS

Chairman Name: Frank Hessburg

Vice Chairman Address: _____

Director 9134 Mossy Oak Ln

President Clermont, Florida, 34711

Vice President _____

Secretary Treasurer

Other CEO Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

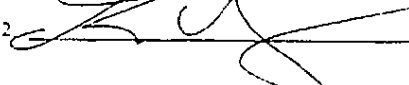
President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

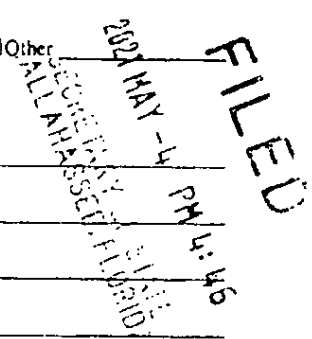
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  _____
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.

13. Frank Hessburg, CEO
(Typed or printed name and capacity of person signing application)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SKILLSPACE, 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 FOURTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKILLSPACE, CORP." WAS INCORPORATED ON THE SIXTH DAY OF APRIL, A.D. 2021.

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

2021 MAY -4 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

5816812 8300

SR# 20211585708

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203122939

Date: 05-04-21

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