# M1000003028

(Requestor's Name)		
(Address)		
(//00/055)		
,		
(Address)		
(City/State/Zip/Phone #)		
(alty-clate/2)pin mone in		
PICK-UP WAIT MAIL		
•		
(Business Entity Name)		
(Document Number)		
(2002,		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Opecial matruotions to 1 ling Officer.		
-		
·		
·		

Office Use Only



500182795185

07/07/10--01017--004 \*\*155.00

DEFARTHENT OF STATE
DIVISION OF CORPORATIONS
TAGLIAHASSEE, FLORIDA

RECEIVED

10 JUL -7 PH 3:13

B. KOHR

JUL - 7 2010

**EXAMINER** 

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** Kim Weidenbach DATE: <u>07/07/10</u> **REF. #:** 001988.128396 CORP. NAME: REVOLUTION PREP LLC ( ) ARTICLES OF DISSOLUTION ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME ( ) LIMITED LIABILITY ( ) LIMITED PARTNERSHIP ( XX ) FOREIGN QUALIFICATION ( ) WITHDRAWAL ( ) REINSTATEMENT ( ) MERGER ( ) CERTIFICATE OF CANCELLATION ( ) OTHER: STATE FEES PREPAID WITH CHECK# 535545 FOR \$ 155.00 AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

#### PLEASE RETURN:

(XX) CERTIFIED COPY

( ) CERTIFICATE OF GOOD STANDING

COST LIMIT: \$\_\_\_\_\_

( ) PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

Examiner's Initials

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

TRANSACT BUSINESS IN FLORIDA	or Non
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	HON
1. Revolution Prep LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	رون
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the w consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")	ritten 🍪
2. Call form a 3. O2-0642974 (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)	
4. 918 02 (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6. 7210 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 710 Wilshire Blod, Suite 501	
Santa Monica CA 90401 (Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows:	
Jacob Neuberg, 710 Wilshire Blvd, Ste 501, Santa Monica CA	1040
Jacob Neuberg, 710 Wilshire Blvd, Ste 501, Santa Monica CA 90 Ramit Varma, 710 Wilshire Blvd., Ste 501, Santa Monica CA 90	401
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recont the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)	dsin
11. Nature of business or purposes to be conducted or promoted in Florida: Educational	
Services and Soffware	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
William Frank, CFO Typed or printed name of signee	

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liabil	• •	
		name to be used in the state of Florida is:	
2. The name a	and the Florida street	t address of the registered agent and office are:	
	NRAI Services, Inc.		
		(Name)	
	2731 Executive Park Drive, Suite 4		
	Florida	Street Address (P.O. Box NOT ACCEPTABLE)	
	Weston	FL 33331	
		City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. NRAI Services, Inc.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

### State of California Secretary of State

#### **CERTIFICATE OF STATUS**

ENTITY NAME: REVOLUTION PREP, LLC

FILE NUMBER: FORMATION DATE: 200226910157

09/18/2002

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

1, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 21, 2010.

> **DEBRA BOWEN** Secretary of State