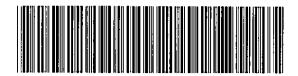
# M220000 15537

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## CT CORP

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:		10/07/2022	a: c >W
			Acc#120160000072	4. Cook
Name:	Sch	oox, LLC		
Document #:				
Order #:	145	64303		
Certified Copy of Arts & Amend:  Plain Copy:  Certificate of Good  Standing:  Certified Copy of		1-2 FIL	ING: Withdrawal	1st - Qualification 2nd □
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#### COVER LETTER

FO:	Registration Section Division of Corporations	
SUBJE	SCHOOX, LLC ECT:	
	Nan	ne of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.
'lease	return all correspondence concerning this matter t	to the following:
		Name of Person
		Firm/Company
		Address
		City/State and Zip Code
	accounting@schoox.com	
	E-mail address: (to b	oe used for future annual report notification)
For fur	ther information concerning this matter, please ca	ail:
		415 420-9307 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE:  \$\Bigsir \\$125.00 \text{ Filing Fee} \Bigsir \Bigsir \\$130.00 \text{ Filing Fe}  Certificate	ee & 🕒 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-

Consequence alternate n	ame adopted for the purpose of transacting business in Flori	da. The alternate r	name must include "Limited Liabil	hty Company," "L. L. C.," o	r "l.1	
Delaware	and adopted in the playme of domesting		166081			
(Jurisdiction under the law of which foreign limited liability company is organized)			3. (Fl:l number, if applicable)			
Upon filing						
	(Date first transacted business in Florida, it prior to be (See sections 605-0904 & 605-0905, F.S. to determine	gistration ( penalty hability)		<del>_</del>		
3112 WINDSOR RD,		WINDSOR RD, #A108				
treet Address of Principal Office)		6	Mailing Address)		_	
AUSTIN, TX 78703  Name and street address	s of Florida registered agent: (P.O. Box  C T Corporation System	_	rin, TX 78703	2022 OCT - 7		
			-	PM12: 05	Ü	
Name: Office Address:	1200 South Pine Island Road		_	)5		
	1200 South Pine Island Road Plantation		33324 , Florida			

Registered agent's acceptance:

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 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.

C T Corporation System

By: Druse Bell (Registered agent's signature)

Denise Bell, Asst. Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Schoox Intermediate Holdings LLC Manager □ Manager Name: \_\_\_\_\_ Address: 3112 WINDSOR RD Address: \_\_\_\_\_ □Member Member #A108 □ Authorized □ Authorized AUSTIN, TX 78703 Person Person □Other \_\_\_\_\_ □ Other\_\_\_\_\_\_\_ □Other\_\_\_\_\_ □Other □Manager Name: \_\_\_\_\_ Address: □ Member □ Member Address: □ Authorized □ Authorized Person Person □Othei\_\_\_\_\_ □Other Other\_\_\_\_\_ □Other Name: □ Manager Name: \_\_\_\_\_ □ Manager Address: □ Member Address: \_\_\_\_\_ □Member □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_\_ ☐ Other\_\_\_\_\_ □ Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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. Andrew White Signature of an authorized person

ANDREW WHITE, AUTHORIZED PERSON

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SCHOOX, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE THIRTIETH DAY OF SEPTEMBER, A.D. 2022.

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

Authentication: 204520205

Date: 09-30-22

5090360 8300 SR# 20223662242