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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Flyleaf Publishing, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Emily van Gemeren
Name of Person

Flyleaf Publishing, LLC
Firm/Company

400 Bedford St. 1st Floor, SW-03
Address

Manchester, NH, 03101
City/State and Zip Code

orderingresources@ flyleafpublishing.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Emily van Gemeren at (800) 449-7006
Name of Contact Person — Area Code — Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Flyleaf Publishing, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. New Hampshire
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 04-3375552
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 400 Bedford St. 1st Floor, SW-03
(Street Address of Principal Office)
Manchester, NH
03101

6. 400 Bedford St. 1st Floor, SW-03
(Mailing Address)
Manchester, NH
03101

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg (City), Florida 33702 (Zip code)

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.

Bill Hamm
(Registered agent's signature)

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:	Title or Capacity:	Name and Address:
☐ Manager	Name: Laurence Smith	☐ Manager	Name: Laura Appleton Smith
☒ Member	Address: PO Box 185	☒ Member	Address: PO Box 185
☐ Authorized	Lyme, NH	☐ Authorized	Lyme, NH
Person	03768	Person	03768
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____
☐ Manager	Name: Emily van Gemeren	☐ Manager	Name:
☐ Member	Address: 20 Gildersleeve Ave.	☐ Member	Address:
☒ Authorized	Collinsville, CT	☐ Authorized	
Person	06019	Person	
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ 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. Non-indexed 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.

Emily van Gemeren

Signature of an authorized person

Emily van Gemeren

Typed or printed name of signee

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State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that FLYLEAF PUBLISHING, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on August 15, 1997. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

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Business ID: **278049**

Certificate Number: **0005274484**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 2nd day of March A.D. 2021.

William M. Gardner

Secretary of State