

Ballard Spahr LLP

100 East Lombard Street, 15th Floor
Baltimore, MD 21202-4255
TEL: (410) 528-5600
FAX: (410) 528-5605
www.ballardspahr.com

Robert C. Darrell
Paralegal
Tel: (410) 528-5534
Fax: (410) 528-5650
darrellr@ballardspahr.com

January 22, 2020

By Federal Express

Florida Department of State
Division of Corporations
Registration Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Legends of Learning, Inc.

Dear Clerk:

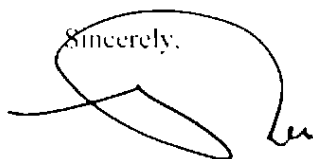
I enclose an Application by Foreign Corporation for Authorization to Transact Business in Florida with respect to the above-referenced foreign corporation which I would appreciate your filing among the records of the Florida Department of State. I would also appreciate your returning to me a letter of acknowledgement, together with a certified copy of the filed Application at your earliest convenience.

Also enclosed is a check made payable to the Florida Department of State in the amount of \$78.75 to cover the filing fee and the certified copy fee.

Also enclosed is a copy of the Application, which I would appreciate your stamping with the date filed and returning to me in the enclosed, self-addressed stamped envelope.

Thank you for your assistance. Please contact me if you have any questions or need any further information.

Sincerely,



Robert C. Darrell
Paralegal

RCD/red
Enclosures

DMEAS1 #10007427 v1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legends of Learning, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert C. Darrell, Paralegal

Name of Person

Ballard Spahr LLP

Firm/Company

300 E. Lombard Street, 18th Floor

Address

Baltimore, Maryland 21202-3268

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert C. Darrell, Paralegal

at (410) 528-5600

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**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. Legends of Learning, Inc.
(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. Maryland 3. 81-3257447
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 15, 2016 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon filing Application for Authorization to Transact Business
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 500 North Capitol Street, NW, Suite 230, Washington, DC 20001
(Principal office street address)
500 North Capitol Street, NW, Suite 230, Washington, DC 20001
(Current mailing address, if different)

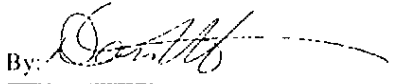
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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.

C T Corporation System

By:  Donna Peterson-Riggs, Assistant Secretary
(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]:

A. DIRECTORS

☐ Chairman Name: Vadim S. Polikov
☐ Vice Chairman Address: 500 North Capitol Street, NW
☒ Director Suite 230
☐ President Washington, DC 20001
☐ Vice President _____
☐ Secretary ☐ Treasurer
Chief Executive
☒ Other Officer _____ ☐ Other _____

☐ Chairman Name: Joshua M. Goldberg
☐ Vice Chairman Address: 500 North Capitol Street, NW
☒ Director Suite 230
☐ President Washington, DC 20001
☒ Vice President _____
☐ Secretary ☐ Treasurer
Chief Strategy
☒ Other Officer _____ ☐ Other _____

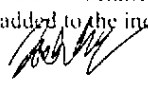
☐ Chairman Name: Vadim Nikitine
☐ Vice Chairman Address: 500 North Capitol Street, NW
☒ Director Suite 230
☐ President Washington, DC 20001
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ 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. Joshua M. Goldberg, Co-Founder, EVP and Chief Strategy Officer
(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND

Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT LEGENDS OF LEARNING, INC. (D17376633), INCORPORATED JULY 15, 2016, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 22, 2020.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: wrHM-st-KkiBObxAGGEeQA
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>

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