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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	

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2021 DEC 15 AH 10: 24

S. ROBERTS
DEC 1 5 2021

## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

## **ORDER FORM**

To Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

**REQUEST DATE** 12/15/2021

**PRIORITY** Routine

OUR REF # (Order ID#) Renee

ORDER ENTITY QUIZLET, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
QUIZLET, INC.
Please file the attached qualification.
NOTES:
\$70.00 Authorized
Email address for annual report reminders: radiv@incserv.com
RETURN/FORWARDING INSTRUCTIONS:  ACCOUNT NUMBER: I20050000052
Please bill the above referenced account for this order.
If you have any questions please contact me at 656-7956,
Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

# 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.

Quizlet, Inc.					
	orporation: must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	D," "	COMPANY," "CORPORATION,"		
(If name unavail:	able in Florida, enter alternate corporate nan	ne adı	opted for the purpose of transacting b	ousiness in Florida)	
Delaware 2.		3 47	47-3538306		
(State or countr	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. 03/17/2015		5			
Date	Date of incorporation)		(Date of duration, if other than perpetual)		
5.					
··	(Date first transacted business	s in F	lorida, if prior to registration)		
		.1502	, F.S., to determine penalty liability)	ì	
77.	reet, 6th Floor San Francisco, CA 94107		<b></b> .		
	(Principal c	ffice	street address)		
				<u> </u>	
	(Current mai	ling a	address, if different)	2021 DEC SECRETA	
8. Name and <u>stree</u>	et address of Florida registered agent: (E	.O. F	Box <u>NOT</u> acceptable)	EC 15	
Name:	Incorporating Services, Ltd.		<u>_</u>	Ø5"	
Office Address:	1540 Glenway Drive		<u> </u>	AM 10: 24 See, Fu	
	Tallahassee		, Florida <sup>32301</sup>		
	(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.

Renee T Kent, 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.

#### A. DIRECTORS Matthew R. Glotzbach Madhyi Puri Name: □ Chairman □ Chairman 123 Townsend Street, 6th Floor 123 Townsend Street, 6th Floor ☐ Vice Chairman Address: \_ ☐ Vice Chairman Address: \_ San Francisco, CA 94107 San Francisco, CA 94107 □ Director □President □ President □ Vice President ■ Vice President ☐ Secretary □Treasurer □ Secretary □Treasurer ■Other CEO □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ Adrienne Sum □ Chairman □ Chairman Name: \_\_\_\_\_\_ □Vice Chairman Address: 123 Townsend Street, 6th Floor □ Vice Chairman Address: San Francisco, CA 94107 □ Director ☐ Director □President □President □Vice President □Vice President Secretary ☐Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Name: \_\_\_\_\_ □Chairman □ Chairman □Vice Chairman Address: □ Vice Chairman Address: □Director □ Director □ President □ President □Vice President □ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □ 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 procussioned by: The Horida Department of State Annual Report form. Madlivi Puni -F3887575EE68478 \_ nature of Director or Officer The officer or director signing this document (and who is fisted 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. Madhvi Puri



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

DELAWARE, DO HEREBY CERTIFY "QUIZLET, INC." 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 FIFTEENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUIZLET, INC."

WAS INCORPORATED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2015.

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

Authentication: 204988578

Date: 12-15-21