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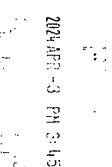
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Certified Copies	Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:						

Office Use Only



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COVER LETTER

TO:		tration Section on of Corporations			
SUBJ	ect.	School Family Media, LLC			
3000	LC1.	Name of	corporation	must include suffix	
Dear S	Sir or M	adam:			
"Certif	ficate of	"Application by Foreign Corp Existence." or "Certificate of ced foreign corporation to tran	Good Stan	ng" and check are submitt	
Please	return a	all correspondence concerning	this matter	the following:	
Brian	Cabeznd				
			Name of	erson	
Schoo	l Family	Media, LLC			
			Firm/Com	any	
100 St	onewall	Blvd Ste 3			
-			Addro	}	
Wrent	ham, Mz	V 02093			
			City/State a	Zip code	
entity(@school:	familymedia.com			
		E-mail address: (to be used f	future annual report notif	ication)
For fu	rther int	ormation concerning this mat	ter, please c	t:	
Brian Cabezud		(800) 644-3561 Area Code Daytime Telephone Number			
	Name	e of Person	Area Cod	Daytime Telephone	e Number
	Regis Divisi The C 2415	CET/COURIER ADDRESS: tration Section ion of Corporations centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
Please		check for the following amou eek payable to: FLORIDA DEF ng Fee	ARTMENT Fee & - E		S87,50 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.

L. School Family !	orporation; must include "INCORPORATED,"	"COMDANY" "CODDODATION		
	orporation; must include - NACORPORATED; orp," "Inc." "Co." or "Corp.")	COMPANT, CORPORATION.		
(It name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Flo	orida)
Delaware 2.	3			
(State or countr	(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
August 31, 2013	8			
4. (Date of incorporation) 5. (Date of duration)			an perpetual)	
ó				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150		.)	
7 100 Stonewall Bl	vd Ste 3, Wrentham, MA 02093			
··	(Principal office	street address)		
	(Current mailing	address, if different)		
8. Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	: S T.	2024 /
Name:	CT Corporation System	<u> </u>		P3
Office Address:	1200 South Pine Island Rd			ယ်
	Plantation		:	P ≥ 3
	(City)	(Zip code)	· -	
9. Registered ag	ent's acceptance:		. ; (
Having been nan	ied as registered agent and to accept service			
	application, I hereby accept the appointme omply with the provisions of all statutes rel			
	with and accept the obligations of my posi-		, ,	<i>J</i> ··· •
Ľ	Donna Moch			
_	(Registered agent's sign	nature)		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS Charles Held Brian Cabezud Name: 🗀 □ Chairman Name: □ Chairman 16 Aletha Rd 60 Pine St □Vice Chairman Address: __ □Vice Chairman Address: Needham, MA 02492 Medfield, MA 02052 ■Director Director □President President □Vice President □ Vice President Treasurer □Secretary □Treasurer ■ Secretary □Other _____ □Other __ □Other _____ □Other ______ Joseph Niehaus Name: _____ □Chairman □Chairman One Post St. Ste 2600 □Vice Chairman Address: □ Vice Chairman Address: ______ San Francisco, CA 94104 □Director Director □President □President ☐ Vice President □ Vice President ____ □Treasurer □Treasurer □Secretary □ Secretary □Other _____ □Other_____ □Other _____ □Other _____ □Chairman □Chairman Name: _____ Name: ______ □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 index when Jing your Florida Department of State Annual Report form. 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

(Typed or printed name and capacity of person signing application)

s.817.155, F.S.

13. Brian Cabezud, COO

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT

COPIES OF ALL DOCUMENTS ON FILE OF "SCHOOL FAMILY MEDIA, LLC" AS

RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE THIRTY-FIRST DAY OF AUGUST, A.D. 2018, AT 3:25 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "SFMTL,

LLC" TO "SCHOOL FAMILY MEDIA, LLC", FILED THE SECOND DAY OF

OCTOBER, A.D. 2018, AT 4:59 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "SCHOOL FAMILY MEDIA, LLC".



Authentication: 203130660

Date: 03-27-24