# MIDOOOHABL

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(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
Special instructions to Filing Officer.

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**EXAMINER** 



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SECRETARY OF STATE
ALLAHASSEE, FLORE

COO CUESTION

## Buchanan Ingersoll & Rooney PC

Radha V. Bachman (813) 222-8806 radha.bachman@bipc.com Sun Trust Financial Centre 401 E. Jackson Street, Suite 2500 Tampa, FL 33602-5236 T 813.222.8180 F 813.222.8189 www.buchananingersoll.com

September 24, 2010

#### <u>VIA UPS</u>

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: The Scholarship Organization Network L3C, LLC

Dear Sir or Madam:

We have enclosed for filing the Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida for The Scholarship Organization Network L3C, LLC as well as a check in the amount of \$160.00 for the required filing fees (\$125.00), one certified copy (\$30.00) and one certificate of status (\$5.00). Please forward the certified copy and certificate of status to me at the address above.

Thank you for your assistance in this matter. If you have any questions or need further information, please feel free to contact me directly at (813) 222-8806.

Sincerely,

Radha V. Bachman / KH

**Enclosures** 

cc: Ann Mackey (via email amackey@sufs.org w/encl.)

Doug Tuthill (via email Dtuthill@stepupforstudents.org w/encl.)

Elizabeth Minnigh, Esq. (via email elizabeth.minnigh@bipc.com w/ encl.)

David Kempler, Esq. (via email david.kempler@bipc.com w/ encl.)

#### **COVER LETTER**

TO:

Registration Section

Division of	Corporations					
SUBJECT:		O Organization Network L3C, LLC Name of Limited Liability Company				
The enclosed "Appli Existence, and check	cation by Foreign Limited L care submitted to register th	Liability Company for Authorization to Transact Business in Florida," Certificate of an above referenced foreign limited liability company to transact business in Florida				
Please return all corr	respondence concerning this	matter to the following:				
<del></del>	Ann	Mackey, Chief Financial Officer				
		Name of Person				
	The S	Scholarship Organization Network				
		Firm/Company				
	4655 Salisbury Rd., Suite 250					
		Address				
		Jacksonville, FL 32256				
		City/State and Zip Code				
	E mall address	amackey@sufs.org s: (to be used for future annual report notification)				
For further informati	on concerning this matter, p	•				
of farther informati	on concerning this matter, p	iicase caii.				
<del></del>	Ann Mackey Name of Person	at ( 904 ) 352-2246  Area Code & Daytime Telephone Number				
	ADDRESS: Corporations a Section 327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
<b></b>	ck for the following am Filing Fee \$130.00 Fi Certificat	_				

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

			nsacting business in Florida and attach a copy of the me. The alternate name must include "Limited Liabil
2.	Vermont	3.	27-3481123
(Jurisdict company	Vermont ion under the law of which foreign limited is organized)	liability	( FEI number, if applicable)
4	08/30/2010	5.	Perpetual
	(Date of Organization)	(Du exis	Perpetual  ration: Year limited liability company will cease to st or "perpetual")
6. N/A			
<u> </u>	(Date first transacted busi (See sections 608.501 & 60	ness in Florida, if p 08.502 F.S. to deter	prior to registration.) mine penalty liability)
7. <u>4655</u> \$	Salisbury Rd., Suite 250		TAL SE
Jacks	onville, FL 32256		CRET LAHA
	(Stree	t Address of Princi	ipal Office)
	ed liability company is a manager-r		
	me and usual business addresses of	the managing n	nembers or managers are as for the second se
The na	a School Choice Fund, Inc.		
Florid	3ox 1670	· · · · · · · · · · · · · · · · · · ·	

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: The company; s business is to facilitate the grant of scholarships by non-profits to financially disadvantaged children, most of whom are academically at-risk, to attend private schools and to provide support services to the families of grant recipients.

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ann Mackey, CFO, The Scholarship Organization Network

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
The Scholarship Organization Network L3C, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Ann Mackey, CFO, The Scholarship Organization Network
(Name)
4655 Salisbury Rd., Suite 250 Florida Street Address (P.O. Box NOT ACCEPTABLE)
Fiorital Street Address (F.O. Box Mot Accel FABLE)
Jacksonville, FL 32256 City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

OR Mach (Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## STATE OF VERMONT OFFICE OF SECRETARY OF STATE

## Certificate of Good Standing

I, Deborah L. Markowitz, Vermont Secretary of State, do hereby certify that according to the records of this office

### THE SCHOLARSHIP ORGANIZATION NETWORK L3C

a limited liability company formed under the laws of the State of Vermont

was filed for record in this office on August 30, 2010

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of termination have not been filed.

October 05, 2010

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital

Deborah Markowitz Secretary of State

