MII000000697

(Re	questor's Name)		
(ive	questor s marrie)		
(Ad	dress)	(
(Ad	dress)		
(Cit	y/State/Zip/Phone	= #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(-	,	
(Da	cument Number)		
(100			
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
,	-		
		,	
		İ	
11)11-573	3 0		
			

Office Use Only



200192298952

01/28/11--01019--012 **130.00

FILED

11 FEB 10 PH 2: 42

SECRETARY OF STATE
TALLAHASSEE, FI DON

D. BRUCE

FEB 11 2011

EXAMINER



January 31, 2011

TINA SERGAKIS 8180 SOUTH 700 EAST, SUITE 250 SANDY, UT 84070

SUBJECT: IASSESSMENT, LLC Ref. Number: W11000005730

We have received your document for IASSESSMENT, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 011A00002518



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: iAssessment, LLC Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."		
Please return all correspondence concerning this matter to the following:		
Tina Sergakis Name of Person		
Name of Ferson		
iAssessment, LLC		
Firm/Company		
8180 South 700 East, Suite 250		
Address	ب	
Sandy, UT 84070	FEB	П
City/State and Zip Code	0	FILE
tsergakis@truenorthlogic.com E-mail address: (to be used for future annual report notification)	3	Ш
E-mail address: (to be used for future annual report notification)	NO	D
For further information concerning this matter, please call:	7	
Tina Sergakis at (801) 453-0136 x111		
Name of Person Area Code & Daytime Telephone Number		
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
Enclosed is a check for the following amount: [\$\sum_{\$125.00}\$ Filing Fee \text{Fee} \sum_{\$130.00}\$ Filing Fee \text{& Certified Copy} \sum_{\$155.00}\$ Filing Fee \text{& Certified Copy} \sum_{\$000}\$ Status \text{& Certified Copy}	ate	

· 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:
1 iAssessment, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability"
Company," "L.L.C," "LLC.")
2. Utah 3. 87-0647151
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 01/25/2000 _{5.} 1/25/2099
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 8180 South 700 East Suite 250
Sandy LIT 94070
Sandy, UT 84070 (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Jeanette Haren - 8180 S. 700 E. Suite 250, Sandy UT 840
Eric Jensen - 8180 S. 700 E. Suite 250, Sandy, UT 840
Kathy Lee - 81805. 700 E. Suite 250, Sandy, UT 84070
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: Web based software
applications for K-12 Education
Midlum
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. I am aware that any false information submitted in a

Typed or printed name of signee

Jeanette Haren

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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 C	ompany is:	
iAssessment, LLC		
If unavailable, the alternate to be used in	n the state of Florida is:	
2. The name and the Florida street addr	ress of the registered agent and office are:	
NRAI Services, Inc	C. (Name)	N FEB
2731 Executive Pa		ARY OF
	Address (P.O. Box NOT ACCEPTABLE)	STATE FLORIT
Weston	FL 33331 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.

By Mat Thompson, Assistant Secretary
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

February 7, 2011

TRUENORTHLOGIC TINA SERGAKIS 8180 SOUTH 700 EAST STE 250 SANDY UT 84070

CERTIFICATE OF EXISTENCE

Registration Number:

3099428-0160

Business Name:

IASSESSMENT, LLC

Registered Date:

JANUARY 25, 2000

Entity Type:

LLC-DOMESTIC

Current Status:

GOOD STANDING

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state, its most in armual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.

Ketthy Berry



Kathy Berg

Director

Division of Corporations and Commercial Code