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. (Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
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SECRETARY OF STATE

T. CLINE

JUN 20 2011

**EXAMINER** 

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Learning Science	ces International LLC	
	Name of Limited Liability Company	
	imited Liability Company for Authorization to Transact Business in Florida," Cer gister the above referenced foreign limited liability company to transact business	
Please return all correspondence concer-	ning this matter to the following:	
Kathleen Koos		
	Name of Person	
Learning Science	es International LLC	
	Firm/Company	
175 Cornell Roa	ad Suite 18	
	Address	
Blairsville PA 15	5717	
· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
accounting@le	earningsciences.net	201
E-ma	il address: (to be used for future annual report notification)	<u> </u>
For further information concerning this	matter, please call:	ZOIL JUN 17 AM C
Kathleen Koos	at (724 ) 459-2100 x126	
Name of Per		₩ 9:
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS:  Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ch en
	ving amount: 00 Filing Fee & \$155.00 Filing Fee & Certificate of Status  Status & Certified Copy	

### 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:

Learning Sciences International LLC	W. J. C. S
(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 Florid consent of the managers or managing members adopting the alternate name. The alternate name me Company," "L.L.C," "LLC.")	da and attach a copy of the written ust include "Limited Liability
2. PA 3. 33-0998789	
(Jurisdiction under the law of which foreign limited liability (FEI number, if a company is organized)	applicable)
4. 04 08 2002 5. Perpetual	
(Date of Organization) (Duration: Year limited liabiliexist or "perpetual")	
6. 2/1/2011	TALL 2011
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	2E =
7. 175 Cornell Road Suite 175	ASSEE TARY
Blairsville PA 15717	
(Street Address of Principal Office)	9: 56 RRID
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:
	1
Michael Toth 221 W. Philadelphia St. Ste. 112E York PA 17  Bryan Toth 221 W. Philadelphia St. Ste. 112E York PA	17401/manabing mem
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate translation of the certificate under oath of the translator must be submitted.)	<del>-</del> •
11. Nature of business or purposes to be conducted or promoted in Florida:	
Professional Development Products for Educators	<u> </u>
(Malausey)	
Signature of a member or an authorized representative of a (In accordance with section 608.408(3), F.S., the execution of this document constitutes an	
penalties of perjury that the facts stated herein are true. I am aware that any false inforr document to the Department of State constitutes a third degree felony as provided	nation submitted in a

Typed or printed name of signee

Kathleen Koos

## 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:	
Learning Sciences International, 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:  InCorp Services, Inc.	
(Name)	ALL SEC
17888 67th Court North  Florida Street Address (P.O. Box NOT ACCEPTABLE)	ZOIL JUN 17 A SECRETARY O
Loxahatchee FL 33470 City/State/Zip	AM 9: 55 OF STATE OF LORIDA

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.

(Signatur

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

**JUNE 13, 2011** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### LEARNING SCIENCES INTERNATIONAL, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Certificate of Good Standing shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Care ariese

Certification Number: 9600485-1