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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092 Fax Number : (850)878-5368

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Email Address:

Foreign Limited Liability Company **DEGREEFINDER LLC**

Certificate of Status	0
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Page Count	05
Estimated Charge	\$125.00

JUL 15 2011

EXAMINER

COVER LETTER

TO:

SUBJECT: Degreefinder 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 busine	Certificate of as in Florida
Please return all correspondence concerning this matter to the following:	
Marsha Romero	
Name of Person	
K&L Gates LLC	
Firm/Company	on ±
200 S. Biscayne Blvd., Suite 3900	FILE SECRETARY OF STATE
Address	為三二
Miami, Florida 33131	RETARKET BY
City/State and Zip Code	87.0 8:1
marsha.romero@kigates.com E-mail address: (to be used for future annual report notification)	書
For further information concerning this matter, please call:	
Marsha Romero	
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	
Registration Section Registration Section P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 Z661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\int_{\text{S125.00 Piling Fee}} \int_{\text{S130.00 Filing Fee}} \int_{\text{Certificate}} \int_{\text{Certificate}} \int_{\text{Certified Copy}} \int_{\text{S155.00 Piling Fee}} \int_{\text{S160.00 Filing Fee}} \int_{\text{Certified Copy}} \int_{\text{S155.00 Piling Fee}} \int_{\text{S160.00 Filing Fee}} \int_{\text{Certified Copy}} \int_{\text{S155.00 Piling Fee}} \int_{\text{S155.00 Piling Fee}} \int_{\text{S160.00 Filing Fee}} \int_{\text{Certified Copy}} \int_{\text{S155.00 Piling Fee}} \int_{S15	

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

IN COMPLIANCE WITH SECTION 608-501, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate name adopted for the possent of the managers or managing members adopting the ompany," "L.L.C," "LLC.")	: elce	nate name. The alternate name must include "Limite	d Lisbility
Detaware (Jurisdiction under the law of which foreign limited liabs company is organized)	3. Ng	27-4773901 (PEI number, if applicable)	···
December 29, 2010 (Date of Organization)	5.	Perpetual (Duration; Year funited liability company will ce exist or "perpetual")	ease to
April 1, 2011 (Date first transacted business i (See sections 608.507 & 608.502	n Flor F.S. 1	ida, if prior to registration.) o determine penalty liability)	A risky
14 Palm Harbor Village Way			
Palm Coast, Florida 32137		Principal Office)	EORETAR)
If limited liability company is a manager-mana		<u></u>	E.
The name and usual business addresses of the n Martin Larsson, 4 Lincoln Lane, Palm Co		. •	71.08000 71.08000
Attached is an original cartificate of existence, no more than urisdiction under the law of which it is organized. (A photo station of the translator must be s	ору і	snot acceptable. If the certificate is in a foreign langua	
Nature of business or purposes to be conducted	lorp	romoted in Florida: Online Marketing	
The fire			
Signature of a member or an	auth	prized representative of a member.	
(In accordance with section 608.408(I), F.S., the su penalties of perjury that the facts stated herein are	cecutions:	or this document constitutes an affirmation stades the am aware that any false information submitted in a third degree folency as provided for in s.\$17.155, P.S.	

Typed or printed name of signes

Martin Larsson, Managing-Member

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	ty Company is:	
Degreefi	nder LLC		
lf unavailable	e, the alternate to be use	ed in the state of Florida is:	
2. The name	and the Florida street a	address of the registered agent and office are	SECTION
	CT Corporation S	system	
	·	(Name)	- ARY ISSE
1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)		OF ST	
	riorna si		NO.
	Plantation	FL 33324 City/State/Zip	*****
Having been n	amed as registered ager inv at the place designat	nt and to accept service of process for the abo ted in this certificate, I hereby accept the app	ove stated limited
agent and agre	e to act in this capacity.	. I further agree to comply with the provision	s of all statutes
obligations of i	ny position as registered	erformance of my duties, and I am familiar wh ul agent as provided for in Chapter 608, Flori MaQOI	da Statutes
•	hadre	Special As	sistant Secretary
		(Signature)	
	\$ 1	00.00 Filing Fee for Application	
		25.00 Designation of Registered Agent	
	\$; \$	30.00 Certified Copy (optional) 5.00 Certificate of Status (optional)	
	-	(openal)	

Delaware

PAGE

The First State

I, JEFFREY N. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELANARE, DO HERBY CERTIFY "DEGREEFINDER LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELANARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JULY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEGREEPINDER LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2010.

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

SECRETARY OF STATE

4919965 8300

110821603

You may verify this certificate online at corb. delender, gov/suthver, shttpl

AUTHENTICATION: B901819

aricalizate pactora

DATE: 07-14-11