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Foreign Limited Liability Company  
Academic Partnerships, LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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Help J. BRYAN

FEB 23 2012

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

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

1. Academic Partnerships, 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. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. February 4, 2010 5. Perpetual  
(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. 2200 Ross Avenue, Suite 3800, Dallas, Texas 75201  
(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:  
SEE ATTACHED EXHIBIT A

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: \_\_\_\_\_  
To engage in any and all lawful activities permitted by the Florida Limited Liability Company Act

Randy Best  
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 document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.)  
Randy Best, Manager  
Typed or printed name of signee

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**EXHIBIT A**

9. The name and usual business addresses of the managing members or managers are as follows:

**Marty Angert, Manager**  
680 Fifth Avenue, 8th Floor  
New York, NY 10019

**Randy Best, Manager**  
2200 Ross Avenue, Suite 3800  
Dallas, Texas 75201

**Thomas B. Evans, Manager**  
2200 Ross Avenue, Suite 3800  
Dallas, Texas 75201

**Wallace Hawley, Manager**  
195 Austin Avenue  
Atherton, California 94027

**Admiral Thomas Hayward, Manager**  
1223 Spring St., #901  
Seattle, Washington 98104

**Governor James Hunt, Manager**  
150 Fayetteville St., Suite 2100  
Charlotte, North Carolina 27601

**Ron Klausner, Manager**  
17855 Dallas Parkway, Suite 400  
Dallas, TX 75287

**Nikitas Koutoupes, Manager**  
680 Fifth Avenue, 8<sup>th</sup> Floor  
New York, New York 10019

**Deborah Nugent, Manager**  
2200 Ross Avenue, Suite 3800  
Dallas, Texas 75201

**Paul Pastorek, Manager**  
2550 Wasser Terrace, Suite 9000  
Herndon, VA 20171

**Jordan (Jerry) Reese III, Manager**  
PO Box 21838  
Beaumont, Texas 77702

**Ted Sanders, Manager**  
121 Midway Drive  
River Ridge, LA 70123

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**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:

Academic Partnerships, 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:

CT Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

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.*

CT Corporation System

By:

(Signature)

Michael E. Jones  
Assistant Secretary

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

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACADEMIC PARTNERSHIPS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2012.

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

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at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9378963

DATE: 02-21-12