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Foreign Limited Liability Company  
Kaplan Higher Education, LLC

Certificate of Status	0
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EXAMINER

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. Kaplan Higher Education, 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. Illinois 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 03/11/1988 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. 1015 Windward Ridge Parkway  
Alpharetta, GA 30005  
(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 Exhibit A attached.

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: Educational Services

  
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.)

Christopher Neumann

Typed or printed name of signee

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Exhibit A

Kaplan Higher Education, LLC

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

Andrew S. Rosen	6301 Kaplan University Avenue, Fort Lauderdale, FL 33309
Thomas Leppert	6301 Kaplan University Avenue, Fort Lauderdale, FL 33309
John Lock	1015 Windward Ridge Pkwy, Alpharetta, GA 30005
Jerry Dervin	550 W. Van Buren St., 2nd Floor, Chicago, IL 60607
Gregory Marino	6301 Kaplan University Avenue, Fort Lauderdale, FL 33309
Lisa Gefen Sicilian	6301 Kaplan University Avenue, Fort Lauderdale, FL 33309
John Staten	6301 Kaplan University Avenue, Fort Lauderdale, FL 33309
Matthew Seelye	6301 Kaplan University Avenue, Fort Lauderdale, FL 33309
Janice Block	550 W. Van Buren St., 2nd Floor, Chicago, IL 60607
Jeffrey Elie	395 Hudson Street, New York, NY 10014
Kevin Corser	1015 Windward Ridge Pkwy, Alpharetta, GA 30005
David Adams	550 W. Van Buren St., 2nd Floor, Chicago, IL 60607
Christopher Neumann	395 Hudson Street, New York, NY 10014

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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:

Kaplan Higher Education, 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:

C T Corporation System  
\_\_\_\_\_  
(Name)  
  
1200 South Pine Island Road  
\_\_\_\_\_  
Florida Street Address (P.O. Box NOT ACCEPTABLE)  
  
Plantation FL 33324  
\_\_\_\_\_  
City/State/Zip

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*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.*

C T Corporation System  
By: Connie Bryan Connie Bryan  
(Signature) 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)

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KAPLAN HIGHER EDUCATION, 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 ELEVENTH DAY OF JANUARY, A.D. 2013.

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

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TALLAHASSEE, FLORIDA



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

  
jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0139655

DATE: 01-11-13