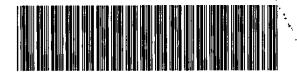
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JUNIL'S 2015

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 10, 2015

KENDRA S. BRASHER 1022 ALBAMONTE CT. OVIEDO, FL 32765

SUBJECT: MATH LEAGUE, LLC Ref. Number: W15000016822

We have received your document for MATH LEAGUE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L14000141541.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 515A00004794

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Math League, LLO	C	
	e of Limited Liability Company	
	ility Company for Authorization to Transact Business in Floric sove referenced foreign limited liability company to transact but	
Please return all correspondence concerning this mat	tter to the following:	
Kendra S. Brasl	hear	
	Name of Person	<del>_</del>
Math League, L	LC	
	Firm/Company	
1022 Albamonte	<u></u>	<u>_</u>
	Address	
Oviedo, FL 3276	65 <sub>≱′</sub> ,	
	City/State and Zip Code	S
mint@mathleag		TILE D
E-mail address:	(to be used for future annual report notification)	12
For further information concerning this matter, pleas	se call:	ם וח
Audra D. Rowe	at 000 000-1900 5m	ਕਾ ਨਾਂ <b></b>
Audra D. Rowe  Name of Contact Person	.000 .000-1300-35	ਕਾ ਨਾਂ <b></b>
	at 000 000-1900 5m	<del>လ်</del> က်
Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	Area Code Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  nt: g Fee & \$\Pi\$\$ \$155.00 Filing Fee & \$\Pi\$\$ \$\$160.00 Filing Fee	ين ي ي ي ي ي ي
Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount \$\square\$\$\$\$\$125.00 Filing Fee \$\square\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$Certificate of	Area Code Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  nt: g Fee & \$\Pi\$\$ \$\$155.00 Filing Fee & \$\Pi\$	ين ي ي ي ي ي ي
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount  \$\square\$ \$125.00 \text{ Filing Fee} \square\$ \$130.00 \text{ Filing Certificate of } \$\square\$	Area Code Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  nt: g Fee & \$\sigma\$\$ \$\$155.00 Filing Fee & \$\sigma\$\$ \$\$160.00 Filing Fee Status  Certified Copy  of Status & Certified	ين ي ي ي ي ي ي
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount \$\Begin{array}(c) \$125.00 \text{ Filing Fee} & \Begin{array}(c) \$130.00 \text{ Filing Certificate of } \end{array}\]	Area Code Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  nt: g Fee & \$\begin{array}cccccccccccccccccccccccccccccccccc	e, Certificate
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount \$\Begin{array}(c) \$125.00 \text{ Filing Fee} & \Begin{array}(c) \$130.00 \text{ Filing Certificate of } \end{array}\]	Area Code Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  nt: g Fee & \$\sigma\$\$ \$\$155.00 Filing Fee & \$\sigma\$\$ \$\$160.00 Filing Fee Status  Certified Copy  of Status & Certified	e, Certificate

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORFIGN LIMITED LIARILITY COMPANY TO TRANSACT BY ISINESS IN THE STATE OF FLORIDA:

1. Math League, LLC (Name of Foreign Limited Liability Company; must include "Li	
(Simple of Cotolgii Ziminot Entering Company, must invited 21	amou planting company, stately of the state
(If name unavailable, enter alternate name adopted for the purpose of transacti Liability Company," "L.L.C," or "LLC.")	ing business in Florida. The alternate name must include "Limited
State of Texas 3 2	7-2032851
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. (Date first transacted business in Florid	e (f prior to registration )
(See sections 605.0904 & 605.0905, F.S. t	o determine penalty liability)
<sub>5.</sub> 1022 Albamonte Ct.	20 Sa
Oviedo, FL 32765	CCRE JUI
(Street Address of Pri	incipal Office)  SAY SET O
Oviedo, FL 32765	F STA
(Mailing Add	licess)
7. The name, title or capacity and address of the person(s)	) who has/have authority to manage is/are:
Timothy M. Sanders, Manager	
Kendra S. Brashear, Manager	
Audra D. Rowe, Manager	
8. Attached is an original certificate of existence, no more naving custody of records in the jurisdiction under the law acceptable. If the certificate is in a foreign language, a transmust be submitted)  Signature of an aut In accordance with section 605.0203, F.S., the execution of this document constitutes am aware that any false information submitted in a document to the Department of States.	of which it is organized. (A photocopy is not islation of the certificate under oath of the translator thorized person an affirmation under the penalties of perjury that the facts stated herein are true
Audra D. Rowe	

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 I	Limited Liability	Company is:
Math Leagu	e, 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:

Kendra S. Brasheaer		SECR FALLA	2015 J	
	(Name)	A A		
1022 Albamonte Ct.		TARY OF ASSEE.	12 F	
·	Florida Street Address (P.O. Box NOT ACCEPTABLE)	FLOR	۸ آ	D
Oviedo	FL 32765	TATE ORIDA	50	

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 605, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Math League, LLC (file number 802149752), a Domestic Limited Liability Company (LLC), was filed in this office on February 03, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 15, 2015.



Cull C

Carlos H. Cascos Secretary of State