M15000009833

(Requesto	or's Name)		
(Address)			
(Address)		,, <u></u> -	
(City/State	e/Zip/Phone #	/)	
PICK-UP	WAIT	MAIL	
(Business	Entity Name)	
(Documer	nt Number)		
Certified Copies	Certificates o	of Status	
Special Instructions to Filing	Officer:		





500277699055

11/10/15--01028--015 **768.75

2015 DEC -9 PH 2: 00

DECO 9 TOPS RIE

COVER LETTER

то:	Registration Section Division of Corpora				
SUBJEC		quisition Sub, LLC			
SOBOLO		Name of I	Limited Liability Company	·	
				ansact Business in Florida," Certificate of y company to transact business in Florida	
Please re	eturn all corresponden	ce concerning this matter to the	following:		
	Nathan S. E	Burt			
		N	ame of Person	,	
	Pluralsight,	LLC			
	<u> </u>	Fi	rm/Company		
	182 N. Unio	on Avenue			
			Address		
	Farmington	, UT 84025-2907			
		City/S	tate and Zip Code		
	nate-burt@pl	uralsight.com			
	- ·	E-mail address: (to be used	for future annual report no	tification)	
For furth	er information concer	ming this matter, please call:			
	Nathan S. Burt		801 784-92	144	
	Nan	ne of Contact Person	_ '	ytime Telephone Number	
	MAILING ADDRE Division of Corporat Registration Section P.O. Box 6327 Tallahassee, FL 3231	ions	Division Registra Clifton E 2661 Ex	of Corporations cion Section Building ecutive Center Circle see, FL 32301	
	d is a check for the fol ☐ \$125.00 Filing Fed		\$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy	



November 2, 2015

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Dear Division,

Enclosed is our application for registration of the foreign LLC Code School Acquisition Sub, LLC. This entity was inadvertently not registered at the time of its acquisition of the assets of an existing Florida LLC. Per discussion with a Florida registration agent, we have included the registration fee of \$130.00, 2015 annual report fee of \$138.75 and associated late fee of \$500.00 to correct this oversight and to properly register the LLC in Florida.

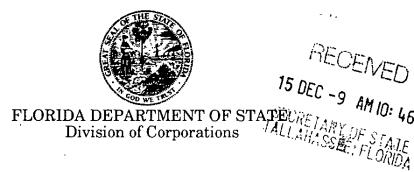
Sincerely,

Nate Burt

Director of Tax

Mafler & Pont

SECRETARY OF STATE



RECEIVED 15 DEC -9 AM 10: 46

November 16, 2015

NATHAN S BURT PLURALSIGHT, LLC **182 N UNION AVENUE FARMINGTON, UT 84025-2907**

SUBJECT: CODE SCHOOL ACQUISITION SUB, LLC

Ref. Number: W15000075020

We have received your document for CODE SCHOOL ACQUISITION SUB, LLC and your check(s) totaling \$768.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 815A00024151

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 FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter a iability Company," "L.L.C	Itemate name adopted for the purpose	of transacting busines	ss in Florida. The alternate nam	e must inc	lude "L	imited
Delaware	, or LLC.)	47-2150031				
(Jurisdiction under the law company is organized)	of which foreign limited liability	3,	(FEI number, if applicable)			_
November 1, 2014						
	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if prior to 0905, F.S. to determin	o registration.) e penalty linbility)	_		
618 E. South Street, S	te 620			_		
Orlando, FL 32801-29	986				L'3	
	(Street Address of P	rincipal Office)		- <u>관</u> 합	115	and the co
Same as above				- 111	33	i i
				2000	1	CHPAP
	(Mailing A	Address)			9	कि भीटन है।
Name and street address	ss of Florida registered agent: (P.	O. Box NOT accept	table)			े हैं ं
Name:	Ashley Smith		,	图图	2: 0	
			 -	- Q m	Ö	
Office Address	618 E. South Street, Ste 620			1.		
Office Address:	618 E. South Street, Ste 620 Orlando		- 32801-2986	* الر		
egistered agent's accep	Orlando (City)	ica of process for th	, Florida	litu aasun	ann as f	ha n laan
egistered agent's accep aving been named as re signated in this applica complywith the provisi	Orlando (City) tance: rgistered agent and to accept serv tion, I hereby accept the appoints ons of all statutes relative to the p my position as registered agent.	ment as registered a	e above stated limited liabi gent and agree to uct in thi	s capacity	. I fur	ther agre
egistered agent's accep aving been named as re signated in this applica complywith the provisi cept the obligations of t	Orlando (City) tance: rgistered agent and to accept serv tion, I hereby accept the appoints ons of all statutes relative to the p my position as registered agent.	ment as registered a proper and complete Ly LA ered gent's signature)	e above stated limited liabi gent and agree to uct in thi e performance of my duties	s capacity	. I fur	ther agre
egistered agent's accep aving been named as re signated in this applica complywith the provisi cept the obligations of the	Orlando (City) stance: gistered agent and to accept serve tion, I hereby accept the appointments of all statutes relative to the purposition as registered agent. (Register accept the appointment of the person(s)	ment as registered a proper and complete Ly LA ered gent's signature)	e above stated limited liabi gent and agree to uct in thi e performance of my duties	s capacity	. I fur	ther agre
egistered agent's accep aving been named as re signated in this applica complywith the provisi cept the obligations of t	Orlando (City) stance: gistered agent and to accept serve tion, I hereby accept the appoints ons of all statutes relative to the p my position as registered agent. (Registered address of the person(s)) cutive Officer	ment as registered a proper and complete Ly LA ered gent's signature)	e above stated limited liabi gent and agree to uct in thi e performance of my duties	s capacity	. I fur	ther agre
egistered agent's acceptiving been named as resignated in this application complywith the provision cept the obligations of the name, title or caparegg Pollack, Chief Exergister 2018	Orlando (City) stance: gistered agent and to accept serve tion, I hereby accept the appoints ons of all statutes relative to the p my position as registered agent. (Registered address of the person(s)) cutive Officer	ment as registered a proper and complete Ly LA ered gent's signature)	e above stated limited liabi gent and agree to uct in thi e performance of my duties	s capacity	. I fur	ther agre

Typed or printed name of signee

Ashley Smith, COO

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CODE SCHOOL ACQUISITION SUB, 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-FIFTH DAY OF SEPTEMBER, A.D. 2015.

Authentication: 10256184

Date: 09-25-15