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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Do	ocument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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Office Use Only



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01/19/16--01024--023 **125.00

02/22/16--01034--004 **777.50

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W16-4304



Division of Corporations

January 21, 2016

CHRISTOPHER N BALDERSON 135 WEST MARKET STREET HARRISONBURG, VA 22801

SUBJECT: LEXIA LEARNING SYSTEMS LLC

Ref. Number: W16000004304

We have received your document for LEXIA LEARNING SYSTEMS LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

There is a balance due of \$777.50.

Please return 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 916A00001406

COVER LETTER

	oguitation Section Ivision of Corporati	0119				
Subject	Loxia Learning Sy	stems LLC				
		Name of Limited Liability Company				
The enclose Existence,	ed "Application by Fe and check are submit	oreign Limited Liability Com led to register the above refer	pany for Authoriza renced foreign limi	tion to Tr ted liabili	ransact Business in Florida," Certifity company to transact business in	lcate o: Ploride
Please retu	rn all correspondence	concerning this matter to the	o following:			
	Christopher N	Balderson				
		,	lams of Person			
	Rosetta Stone	Ltd ·				
		F	irm/Company			
	135 West Mar	ket Street		•		
			Address			
	Harrisonburg,	VA 22801				
		City/S	State and Zip Code			
	chalderson@ros					
		B-mail address; (to be use	ed for future annual	report no	diffication)	
Por further	Information concerni	ng this matter, picase call:				
Ct	Christopher N Balderson		540 at (11		
	Namo	of Contact Person	Area Code	Day	ytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327			STREE!	T ADDRESS: of Corporations	
Ro					lion Section	
	llahassee, FL 32314			2661 Bx	ecutive Center Circle sec, FL 32301	
	a check for the follow					•
	\$125.00 Fillng Fee	🗆 \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fills Cortified Copy	g Fee &	☐ \$160.00 Filing Poe, Certificat of Status & Certified Copy	•
	approximate in	grant arms				

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

IN COMPLIANCE WITH SECTION 603,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Dolaware (Jurisdiction under the law of wicompany is organized) 1/1/2014 300 Baker Avenue, Suite 32 Concord, MA 01742	(Date first transacted busin (See sections 605.0904 & 60		-2848680	(PBI number, if a	pplicable)	T. J. L. L		
1/1/2014 300 Baker Avenue, Suite 32	(Date first transacted busin (See sections 605.0904 & 60	iess in Floric 5.0905, F.S.		(1.ex lidither) is a	hhmana)			
300 Baker Avenue, Suite 32	(Date first transacted busin (800 sections 605.0904 & 60 20	iess in Florid 5.0905, P.S.						
300 Baker Avenue, Suite 32	(800 sections 605.0904 & 60 20	5.0905, F.S.	a If prior to	maleiration \				
	20	-	to determine	penalty liability)				
Concord, MA 01742								
	(Street Address of	Principal O	fice)		*			
o/o Rosetta Stone Ltd 135	West Market Street	·			<u> </u>			
Harrisonburg, VA 22801								
	(Mailing	Address)						
Name and street address of l	Florida registered agent: ()	2.0. Box N	OT accepts	ble)			16	
	Al Services, Inc.	_	•	•		73. 200	FEB	. ,
100	0 South Pine Island Road			•		15.2 15.2	₩	
Ottide Madress:					N	ابيدا د خ		
Pla	ntation			, Plorida 33324 (Zip		777	PH	*******
egistered agent's acceptance	(City)			(Zip	oods)	<u> </u>	Ţ.	
aving been named as registers signated in this application, complywith the provisions o cept the obligations of my po	I hereby accept the appoint of all statutes relative to the	itment as re proper an	egistered ag d complete	ent and agree to performance of n	act in this cap by duties, and	acity. I fi	irther a	gree
	I VI DI WOOL I I DO		Michele H	olden, Asst, Secret	arv			
	(Regis	tored agent's	ı algnaturo)					
	(regu	noted pRout.	s er Suntituto)					
The name, title or capacity	(xegii and address of the person(s) who has/h	ave authori	ty to manago is/ar				
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The name, title or capacity of the control of the c	and address of the person(s 1919 North Lynn Street sistence, no more than 90 datch it is organized, (If the	who has/h	sagname) save authori fon, VA	ty to manage is/ar 22209 ated by the officia	e:	iy of recor	ds in th	o ath
The name, title or capacity and C Ghrist-Manager Attached is a certificate of ex	and address of the person(s 1919 North Lynn Street sistence, no more than 90 datch it is organized, (If the	who has/h	sagname) save authori fon, VA	ty to manage is/ar 22209 ated by the officia	e:	iy of recor	ds in th	ю ath

Typed or printed name of signes

<u>Delaware</u>

. age 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "LEXIA LEARNING SYSTEMS LLC" IS DUL!

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 ELEVEN'H DAY OF DECEMBER, A.D. 2015.

Authentication: _0600642

Date. 12-11-15

5457199 8300 SR# 20151252623