MUMMONOUTST

(Requestor's Name)	
(Address)	
(Address)	
,	
(City/State/Zip/Phone #)	
(City/State/Zip/Filone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
•	
Special Instructions to Filing Officer:	
	İ
	1
	. 1
	·

Office Use Only



300282625713

02/26/16--01010--011 **125.00

2018 FEB 29 P 3: 2:
SECRETARY OF STATE
TAIL ANASSES FLOREID

MAR 01 2016). BRUCE

COVER LETTER

TO:	Registration Section Division of Corporations			
eun in	ACADEMIC ANALYTICS, LLC			
SUBJE	Name of	Limited Liability (Company	
The enc Existence	closed "Application by Foreign Limited Liability Comp ce, and check are submitted to register the above refere	oany for Authoriza enced foreign limi	ation to Transact Business in Flore ted liability company to transact b	ida," Certificate of ousiness in Florida
Please r	return all correspondence concerning this matter to the	following:		
	MELISSA LUNSFORD			
	N	ame of Person	<u> </u>	
	ACADEMIC ANALYTICS, LLC			
Firm/Company				
8008 CORPORATE CENTER DRIVE, SUITE 201				
		Address		
	CHARLOTTE, NC 28226			,
	City/S	tate and Zip Code		
	mlunsford@academicanalytics.com			
	E-mail address: (to be used	l for future annual	report notification)	20.5
For furt	her information concerning this matter, please call:			
	MELISSA LUNSFORD	704 at (790-8131	FILED FEB 29 P
	Name of Contact Person	Area Code	Daytime Telephone Numb	er 70
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301) y 21
Enclose	d is a check for the following amount: \$\Bigsim \frac{1}{2} \\$125.00 \text{ Filing Fee } \Bigsim \frac{1}{2} \\$130.00 \text{ Filing Fee } \& \text{Certificate of Status}	□ \$155.00 Filir Certified Copy		

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L ACADEMIC ANALY	FICS, LLC eign Limited Liability Company; n		Liability Company, 179 L.L.C	2.," or "LLC.")	
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpo	ose of transacting bus	iness in Florida. The alterna	de name must include	"Limited
2. DELAWARE	or buck y	3. 20-26191.	38		
(Jurisdiction under the faw	of which foreign limited liability	.), <u></u>	(FEI number, if appli	icable)	
company is organized) 4 08/24/2015					
4. 4. 4.	(Date first transacted busi	iness in Florida, if pri	or to registration.)		
5. 93 LANDING ROAD	(See sections 605,0904 & 60	05.0905, F.S. to deten	mine penalty liability)		
5.					
MILLER PLACE, NY					
ያሰበ ዩ ርጎስት ኮብቲ ሊግት ርሳ	(Street Address of ENTER DRIVE, SUITE 201	of Principal Office)			
6. BOOK CORTORATE C.	ENTER DRIVE, SOTTE 201			Do B	
CHARLOTTE, NC 28				2016 FEB	$\neg \gamma$
	(Mailin	g Address)		五元日	
7. Name and street address	ss of Florida registered agent: ((P.O. Box <u>NOT</u> nee	ceptable)	29	1 (************************************
Name:	URS AGENTS, LLC			四年 70	1.64
	1540 GLENWAY DRIVE			-13:	ر <u>ب</u>
Office Address:				3 2. SALE CORIE	
	TALLAHASSEE		, Florida 32301 (Zip cor		
Registered agent's accep	(City)		(Zip coc	10)	*
Having been named as re designated in this applica to complywith the provisi	gistered agent and to accept so tion, I hereby accept the appoi ons of all statutes relative to th my position as registered agent	intment as registere he proper and comp	ed agent and agree to act	in this capacity. If	further agree
		anetha Bishop pistered agent's signati	p, Assistant Sec urc)	retary	
8. The name, title or capa SEE ATTACHED	ncity and address of the person((s) who has/have au	thority to manage is/are:		
	of existence, no more than 90 of which it is organized. (If the abmitted) Mossa Signature	certificate is in a fo			
This document is executed	I in accordance with section 605	5.0203 (1) (b), Flori	da Statutes. I am aware th	at any false informat	ion

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

MELISSA LUNSFORD

ACADEMIC ANALYTICS, L.L.C.

MANAGERS/MEMBERS:

Peter Maglione, CEO, Manager 93 Landing Road Miller Place, NY 11764

Lawrence Martin, CAO, Manager 1211 Main Street Port Jefferson, NY 11777

Anthony Olejniczak, CKO, Member 60 E Spring Street, Apt 128 Columbus, OH 43215

M. Daniel Janick, Jr. COO/CFO, Member 428 Langston Place Drive Fort Mill, SC 29708

Patricia Stapleton, CCO, Member 651 Vanderbilt St, 3T Brooklyn, NY 11218

Matthew Horvath, CPO, Member 7968 Puritan Dr. Apt C Mentor, OH 44060

Michael Rohlinger, CIO, Member 5001 N. Diversey Blvd. Whitefish Bay, WI 53217

Michael Monticino, President, Member 1904 Warwick Crescent Ct. Argyle, TX 76226

Jonathan Brickman, Member 16355 Via Venetia West Delray Beach, FL 33484 SECRETARY OF STATE TALLAHASSEE FLORID

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ACADEMIC ANALYTICS, L.L.C." 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-SECOND DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACADEMIC ANALYTICS, L.L.C." WAS FORMED ON THE SEVENTH DAY OF APRIL, A.D. 2005.

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

Authentication: 201865869

Date: 02-22-16