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Thank you!

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(1f n	une unavailable, enter alternate n	name adopted for the purpose of transacting business in Flo	orida. The alternate name nyest include "I imir	red Liability Company " "1 1 C " or "1 1 C ")
	Delaware		3. 27-1433889	and Educative Company, Edition, of Edit.
~·_	(Jurisdiction under the law of w	hich foreign firmited liability company is organized)		I number, if applicable)
4.				
٦.		(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration.)	
5	11500 Alterra Parkway		6. 11500 Alterra Parkwa	v Suite 110
٥.	(Street Address of I	Principal Office)		g Address)
	Austin, TX 78758		Austin, TX 78758	
7.	Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> acceptable)	
	Office Address:	1200 South Pine Island Road		
		Plantation	, Florida <u>33324</u>	> ₩
	gistered agent's accep ving been named as re			
Ha des to c	ving been named as re ignated in this applica omply with the provisi	· · · · · · · · · · · · · · · · · · ·	process for the above stated lin as registered agent and agree to r and complete performance of	nited liability company histhe place o act in this capicity. I-further agre
Ha des to c and	ving been named as re ignated in this applica omply with the provisi accept the obligation.	tance: gistered agent and to accept service of gistered agent and to accept service of gion, I hereby accept the appointment a ions of all statutes relative to the propers of my position as registered agent.	process for the above stated lin as registered agent and agree to r and complete performance of signature)	nited liability company At the place of act in this capacity. I further agree my duties, and I am familiar with
Ha des to c and	ving been named as reignated in this applica omply with the provisi accept the obligation. The name, title or capa	tance: gistered agent and to accept service of a service to the proper a service of a service a service a service of a service of a service of the person(s) who have a service of	process for the above stated lings registered agent and agree to a rand complete performance of signature) as/have authority to manage is/a	nited liability company at the place of act in this capacity. I further agreed my duties, and I am familiar with
Ha des to c and	ving been named as reignated in this applica omply with the provisi accept the obligation. The name, title or capa Title or Capacity:	tance: gistered agent and to accept service of tion, I hereby accept the appointment at ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who have and Address:	process for the above stated lings registered agent and agree to and complete performance of signature) as/have authority to manage is/a Title or Capacity:	nited liability company at the place of act in this capacity. I further agreed my duties, and I am familiar with
Ha des to c and	ving been named as reignated in this applica omply with the provisi accept the obligation. The name, title or capa Title or Capacity:	tance: Igistered agent and to accept service of stion, I hereby accept the appointment at stons of all statutes relative to the proper sof my position as registered agent. (Registered agent's active and address of the person(s) who has a Name and Address: John Borgerding 11500 Alterra Parkway, Suite	process for the above stated lings registered agent and agree to and complete performance of signature) as/have authority to manage is/a Title or Capacity:	nited liability company at the place of act in this capacity. I further agreed my duties, and I am familiar with
Ha des to c and 8.	ving been named as reignated in this applica omply with the provisi accept the obligation. The name, title or capa Title or Capacity:	tance: gistered agent and to accept service of tion, I hereby accept the appointment at ions of all statutes relative to the proper of my position as registered agent. (Registered agent's accity and address of the person(s) who have and Address: John Borgerding 11500 Alterra Parkway, Suite Austin, TX 78758 Jeff Laborde 11500 Alterra Parkway, Suite Austin, TX 78758	process for the above stated lings registered agent and agree to and complete performance of signature) as/have authority to manage is/a Title or Capacity:	nited liability company at the place of act in this capacity. I further agreed my duties, and I am familiar with

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY THAT "ACCRUENT, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR

AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO

TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE THIRD DAY OF NOVEMBER, A.D. 2009, AT 6:31 O'CLOCK P.M.

CERTIFICATE OF MERGER, CHANGING ITS NAME FROM "ACCRUENT MERGER SUB, LLC" TO "ACCRUENT, LLC", FILED THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2009, AT 12:28 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "ACCRUENT, LLC".

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



Authentication: 202893254

Date: 07-17-17