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Division of Corporations

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### Foreign Limited Liability Company Saxelby's Children's Books, LLC

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## \*\*\*PLEASE HONOR ORIGINAL DATE 08-29-17\*\*\*



August 30, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: SAXELBY'S CHILDREN'S BOOKS, LLC

REF: W17000071256

We received your electronically transmitted document. However, the. document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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 FAX Aud. #: H17000232633 Letter Number: 517A00017885

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

IN COMPLIANCE WITH SECTION PARTY TO TRANSACT BU	TION (05,0802, FLORIDA STATUTES, THE FOLLOWE NIMESS IN THE STATE OF FLORIDA:	NG IS SUBMITTED TO REGISTER A FO	ORFIGN LIMITED LIABILITY
Saxelby's Children's Bo		ed Liability Company," "U.E.C.," or "I	ILC: Y
Liability Company," "L.L.C,"		ousiness in Florida. The alternate name	most include "Limited
2, <sup>1</sup> L	3. <u>N/A</u>	(Flif number, if applicable)	
(Jurisdiction under the law- company is organized)	of which foreign lumited limbility	(Fig. number, ii applicable)	
4. upon qualification			
	(Date first transacted business in Florida, if ) (See sections 605,0904 & 605,0905, F.S. to det	prior to registration.) termine penalty liability)	
5. 1108 New Castle Dr.			
Libertyville, H. 60048			
	(Street Address of Principal Office)		
5. 1108 New Castle Dr			
Libertyville, IL 60048	•		
	(Mailing Address)		
7 Name and street address	s of Florida registered agent: (P.O. Box <u>NOT</u> )	acceptable)	17
Name:	Pamela A. Saxelby		17 AUG 29
Office Address:	75437 Overseas Highway		SS 22
	Islamorada	Florida 33036	77
	Islamorada (City)	, Florida 33036 (Zip code)	
designated in this applica- to complywith the provision	tance: gistered agent and to accept service of process tion, I hereby accept the appointment as regist ons of all statutes relative to the proper and con my position as registered agent Pamela A. Savelly By:  8/29/2017	ered agent and agree to act in this	copacity. I fugation agree
	(Registered agent's sign	iature)	
8. The name, title or capa Pamela A. Saxolby - Ma	ncity and address of the person(s) who has/have	authority to manage is/are:	
75437 Overseas High	hway		
lslamorada, FL 330	33		
9. Attached is a certificate jurisdiction under the law of the translator most be so	fords & L	a foreign language, a translation of t	astody of records in the the certificate under oath
	Signature of an authorized	l person	
This document is executed submitted in a document to	f in accordance with section 605,0203 (1) (b), Ft the Department of State constitutes a third degr	loridh Statutes. I am aware that any ree telony as provided for in s.817.1	false information 155, F.S.
	Pamela A. Saxelby, authorized person		
	Typed or printed name of s	signee	

#### File Number

0619693-4



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SAXELBY'S CHILDREN'S BOOKS, LLC. A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON APRIL 05. 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of AUGUST A.D.2017 .

Authentication #, 1724101776 verifiable until 08/29/2018 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE