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ALLAHASSE FINISE

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April 16, 2018

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir or Madam:

Please accept this application for Caveo LLC as a foreign limited liability company in Florida. I have attached the required cover letter, application to transact business in Florida, State of Illinois Secretary of State certificate of good standing and a check in the amount of \$125.

If any of this is not complete, please do not hesitate to contact me at the email or phone number below.

Sincerely,

Ývétte Mueller

VP Finance, Caveo Learning

Gest Musl

ymueller@caveo.com

(817) 874-4366

COVER LETTER

TO:	Registration Section Division of Corporation	ons				
SUBJE	Caveo LLLC					
SUBUL	Name of Limited Liability Company					
					ansact Business in Florida," Certi by company to transact business in	
Please re	eturn all correspondence	concerning this matter to the	following:			
	Jeff Carpenter					
		N	lame of Person			
	Caveo LLC					
		F	irm/Company			
	1701 E. Woods	field Road, Suite 230				
	 		Address	-		
	Schaumburg, I	L 60173				
		City/S	tate and Zip Code			•
	finance@caveo.c	com				
•		E-mail address: (to be use	d for future annual	report no	tification)	
For furth	er information concernin	g this matter, please call:				
	Yvette Mueller		312 at (651-40	00 Ext. 3059	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301	
	is a check for the follow X \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificat of Status & Certified Copy	te

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter after	are name adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limite	d Liability Company," "L.L.C," or "LLC.")		
2. Illinois		3. 20-1788218			
(Jurisdiction under the law	of which foreign limited kability company is organized)	(FEI number, if applicable)			
4. 4/20/2018					
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration.)			
5 1701 E. Woodfield	•	6. PO Box 427			
	s of Principal Office)		Address)		
Schaumburg, IL 60	173	North Aurora, IL 60542			
			> = =		
7. Name and street ad	dress of Florida registered agent: (P.O. Bo	x NOT acceptable)	APR AHA		
Mana	C T Corporation System		SSI 24		
Name:			75 -e		
Office Addres	s: 1200 South Pine Island Road		Par 2		
	Plantation	, Florida 33324	## 18 19 19 19 19 19 19 19 19 19 19 19 19 19		
	(City)		(code)		
esignated in this app o comply with the pro and accept the obligat	ication, I hereby accept the appointment visions of all standers relative to the proper ons of my position as registered beent.	as registered agent and agree to a rand complete performance of a comp	ny dutles, and I am familiar with		
o comply with the pro and accept the obligat	visions of all standers relative to the properties of my position as rejustered agent. (Registered agent)	rand complete performance of a Carlline Si Wice President & Assistantes)	ny dutles, and I am familiar with TITH tant Secretary		
o comply with the pro and accept the obligat 8. The name, title or c	visions of all standers relative to the propertions of my position as registered agent. (Registered agent) apacity and address of the person(s) who had	r and complete performance of a vice President & Assistential Assisten	ny dutles, and I am familiar with MITh tant Secretary		
o comply with the pro and accept the obligate 8. The name, title or c Title or Capacity	ons of all standers relative to the properties of my position as resistered agent. (Registered agent) apacity and address of the person(s) who have and Address:	r and complete performance of the Carline Si whice President & Assistence of the Carline Si which was authority to manage is/are Title or Capacity:	ny dutles, and I am familiar with Mith tant Secretary : Name and Address:		
o comply with the pro and accept the obligat 8. The name, title or c	apacity and address of the person(s) who he Name and Address: Jeff Carpenter	r and complete performance of a vice President & Assistential Assisten	ny duries, and I am familiar with TITH tant Secretary : Name and Address: Donna Hirsch		
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File Number

0133412-3



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

CAVEO LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 03, 2004, 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 DOMESTIC LIMITED LIABILITY COMPANY 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 16TH day of APRIL A.D. 2018.

Authentication #: 1810600978 verifiable until 04/16/2019

Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE