## M18000004608

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 3, 2018

TIMOTHY VARGAS 800 CENTRAL PARK DR SANFORD, FL 32771

SUBJECT: NEULION COLLEGE LLC

Ref. Number: W18000041526

We have received your document for NEULION COLLEGE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Letter Number: 118A00009153

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporation	ns				
SUBJECT: NEULIA	ON COLLEGE LI	Limited Liability	Company		
The enclosed "Application by For Existence, and check are submitted	reign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limi	ation to Tr ted liabilit	ansact Business in Florida," ( y company to transact busines	Certificate of ss in Florida.
Please return all correspondence of	concerning this matter to the	following:			
TIMOTA	y Vargas N	ame of Person	i -•-		
NEULIO	N COLLEGE LLC FI	rm/Company			
_ 800 CE	NTRAL PARK DRI	NE.			
SANFORM	5 FL 32771	tate and Zip Code			
tim. va	rgas enculion. C	•		tification	
For further information concerning		To	report no	inteation)	
TIMUTHY VARCE Name o	AS f Contact Person	at ( 457 Area Code	_)	54-6211 rime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrate Clifton B 2661 Exe	of Corporations ion Section uilding ecutive Center Circle iee, FL 32301	
Enclosed is a check for the followi ☐ \$125.00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	g Fee &	▲\$160.00 Filing Fee, Cert of Status & Certified Copy	ificate

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

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS INTLIE STATE OF FLORIDA: NEVITON COLLEGE LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name mast include "Limited Liability Company," "L.L.C." or "L.C.") (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 6. 800 CENTRAL PARK ! 3277) ANFORD FL 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: . Florida Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: FFF Youil O CENTRAL PARK DR 800 CENTRAL (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. ure of an authorized person TINOTHY J

Typed or printed name of signee

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

DELAWARE, DO HEREBY CERTIFY "NEULION COLLEGE LLC" 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 FOURTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEULION COLLEGE LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2018.

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

Authentication: 202636871

Date: 05-04-18