1118000006455

(Requestor's Name)	
(104,000,000,000,000,000,000,000,000,000,	
(Address)	
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(v.isaress)	
(City/State/Zip/Phone #)	
☐ PICK-UP ☐ WAIT ☐ MAIL	
(Business Entity Name)	
(Document Number)	_
(2003/10/11/00/19	
Certified Copies Certificates of Status	_
	_
Special Instructions to Filing Officer:	
W18-64121 Penalty	
Office Head Shirt	
Office Use Only	



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FILED
18 JUL 12 M 8 59

K. SALY JUL 1 6 2018 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 295044 4339006

- Maria

AUTHORIZATION

COST LIMIT : \$\(\delta\).25

ORDER DATE : July 11, 2018

ORDER TIME : 3:59 PM

ORDER NO. : 295044-005

CUSTOMER NO: 4339006

FOREIGN FILINGS

NAME: RELIAS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:



July 13, 2018

CSC / EMILY CROFT

RESUBMIT

Please give original submission date as file date.

SUBJECT: RELIAS LLC Ref. Number: W18000064121

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

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1471.25.

The total amount due is \$1596.25.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 218A00014437

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	RELIAS LLC	:	
3063201	Name of	Limited Liability Company	·
The enclosed " Existence, and	Application by Foreign Limited Liability Com check are submitted to register the above refer	pany for Authorization to Treenced foreign limited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida.
Please return a	I correspondence concerning this matter to the	following:	
	Jennifer Harper		
	N	ame of Person	
	Bertelsmann, Inc.		
	F	irm/Company	
	1745 Broadway		
		Address	
	New York, NY 10019		
	•	state and Zip Code	
	jennifer.harper@bertelsmann.com	15. 5.	JUE LECLA
F . 6 Ab	·	d for future annual report no	omication)
	rmation concerning this matter, please call:		
Jenni ———	fer Harper	at ()	
	Name of Contact Person	Area Code Da	ytime Telephone Number
Div i si Regisi P.O. F	ING ADDRESS: on of Corporations ration Section fox 6327 assee, FL 32314	Division Registra Clifton I 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle (See, FL 32301)
	neck for the following amount: 5.00 Filing Fee \$\square\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

Alforda and a state of	name adopted for the purpose of transacting business in Florid	da. The alternate name must include "Limited	Liability Company," "L.I. C," or "LLC,")
	same studied to the harbose of amissioning onsiness in costs	2 01-0730157	,,,,,,,,
2. Delaware (Junischenon under the law of w	hich fivergn lumted limbility company is organized)	J.	number, if applicable)
4 4/20/2011			
4. 4/20/2011	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	egistration)	
5 111 Coming Road, Su		6. 1745 Broadway c/o Ber	telsmann, Inc.
5. (Street Address of		6. (Mailing	Address)
Cary, NC 27518		New York, NY 10019	三次
			E 71
7. Name and street_addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	H N
_	Corporation Service Company		
Name:	Corporation Service Company		ي ج
Office Address:	1201 Hays Street		4 g
	Tallahassee	32301	
		kilorida 32301	
designated in this applica	(City)	rocess for the above stated limi registered agent and agree to	ited liability company at the place act in this capacity. I further agree
Having been named as r designated in this applica- to comply with the provis	(City) ptance: egistered agent and to accept service of partion, I hereby accept the appointment as	rocess for the above stated limits registered agent and agree to and complete performance of r	n code) ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisional accept the obligation	ctance: egistered agent and to accept service of pution, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. Corporation Service Company By:	rocess for the above stated limits registered agent and agree to and complete performance of registered.	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with Emily Croft Asst. Vice President
Having been named as redesignated in this applicate to comply with the provisional accept the obligation	otance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. Corporation Service Company By: (Registered agent's service)	rocess for the above stated limits registered agent and agree to and complete performance of registered.	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with Emily Croft Asst. Vice President
Having been named as redesignated in this applicate to comply with the provisionand accept the obligation. 8. The name, title or cap	egistered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. Corporation Service Company By: (Registered agent's service)	rocess for the above stated limits registered agent and agree to and complete performance of ragainers. Shave authority to manage is/ar	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with Emily Croft Asst. Vice President Emand Address: Thomas Rabe
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Having been named as r designated in this applicate to comply with the provisand accept the obligation 8. The name, title or capacity: Manager	parance: egistered agent and to accept service of partion, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. Corporation Service Company By: (Registered agent's statute and Address: Jaroslaw Gabor 1745 Broadway New York, NY 10019 James Triandiflou 111 Coming Road, Suite 250	rocess for the above stated limits registered agent and agree to and complete performance of remainire) s/have authority to manage is/ar Title or Capacity: Manager	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with Emily Croft Asst. Vice President e: Name and Address: Thomas Rabe Carl-Bertelsmann-Straße 270 33335 Gütersloh, Germany
Having been named as r designated in this applicate to comply with the provisand accept the obligation 8. The name, title or capacity: Manager	ortance: egistered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. Corporation Service Company By: (Registered agent's subscription and Address: Jaroslaw Gabor 1745 Broadway New York, NY 10019 James Triandiflou 111 Coming Road, Suite 250 Cary, NC 27518	rocess for the above stated limits registered agent and agree to and complete performance of remainire) s/have authority to manage is/ar Title or Capacity: Manager	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with Emily Croft Asst. Vice President e: Name and Address: Thomas Rabe Carl-Bertelsmann-Straße 270 33335 Gütersloh, Germany Kay Krafft Carl-Bertelsmann-Straße 270

Typed or printed name of signed

R. Michael Rowsey



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

DELAWARE, DO HEREBY CERTIFY "RELIAS 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 ELEVENTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RELIAS LLC" WAS FORMED ON THE THIRD DAY OF JULY, A.D. 2018.

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





Authentication: 203047102

Date: 07-11-18

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SR# 20185617100