

M180000010224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

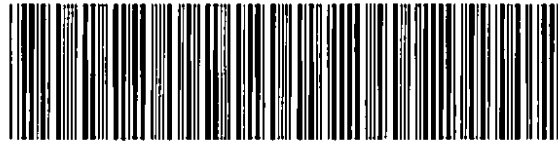
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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O SIMMONS  
NOV 15 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 477687 8193267

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : November 8, 2018

ORDER TIME : 3:12 PM

ORDER NO. : 477687-005

CUSTOMER NO: 8193267

FOREIGN FILINGS

NAME: FLATIRON SCHOOL LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Flatiron School LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sherry Greiss

\_\_\_\_\_  
Name of Person

Flatiron School LLC

\_\_\_\_\_  
Firm/Company

18th W 18th St

\_\_\_\_\_  
Address

New York, NY 10011

\_\_\_\_\_  
City/State and Zip Code

Licensing@flatironschool.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry Greiss

646

244-3368

\_\_\_\_\_  
Name of Contact Person

at ( )

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$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:

1. Flatiron School LLC

(Name of Foreign Limited Liability Company, must include: "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S. to determine possible liability)

5. 18th W 18th St, New York, NY 10011

(Street Address of Principal Office)

6. 18th W 18th St, New York, NY 10011

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

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.

Corporation Service Company

By:

(Registered agent's signature)

*Emily Croft*

Emily Croft

Asst. Vice President

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:

Director of Compliance  
& Licensing Team

Deng Frei  
18 W 18th St, New York,  
NY 10011

Compliance & Licensing  
Lead

Sherry Greiss  
18 W 18th St, New York,  
NY 10011

(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.

Signature of an authorized person

Sherry Greiss

Typed or printed name of signer

**State of New York  
Department of State } ss:**

I hereby certify, that FREMEN MERGER II SUBSIDIARY LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/26/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment FREMEN MERGER II SUBSIDIARY LLC, changing its name to FREMEN MERGER SUBSIDIARY II LLC, was filed 07/27/2017.

A Certificate of Amendment FREMEN MERGER SUBSIDIARY II LLC, changing its name to FLATIRON SCHOOL LLC, was filed 12/20/2017.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 08th day of November  
two thousand and eighteen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", followed by a long horizontal line.

Brendan W. Fitzgerald  
Executive Deputy Secretary of State