## M19000000363

(Requestor's Name)
(Address)
(Address)
· ·
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(Business Entity Name)
(Document Number)
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## COVER LETTER

TO:		ation Section 1 of Corporation	s						
SUBJI		ucation Brands L	LC						
			Name of	Limited Liability (	Company				
						ansact Business in Florida," Cert y company to transact business i			
Please	return all	correspondence c	oncerning this matter to the	following:					
		Mary Petzen							
		-	N	ame of Person	_				
		Education Bran	ds LLC						
	Firm/Company								
	9620 Executive Center Dr N, Ste 200								
	Address								
	St Petersburg, FL 33702								
			City/S	tate and Zip Code					
		mary.petzen@co	mmunitybrands.com						
	-	•	E-mail address: (to be use	d for future annual	report not	tification)			
For fur	rther infori	nation concerning	this matter, please call:						
	Mary P	etzen		727 at (	497-64	13			
		Name o	f Contact Person	Area Code	Day	rtime Telephone Number			
	Divisior Registra P.O. Bo	NG ADDRESS: n of Corporations ntion Section x 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section duilding ecutive Center Circle see, FL 32301			
Enclos		ck for the follow: ,00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	cate		



December 6, 2018

MARY PETZEN EDUCATION BRANDS LLC 9620 EXECUTIVE CENTER DR N, STE 200 ST PETERSBURG, FL 33702

SUBJECT: EDUCATION BRANDS LLC

Ref. Number: W18000105554

We have received your document for EDUCATION BRANDS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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 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 (805) 245-6000.

Brenda L Vorisek Director

Letter Number: 418A00025098

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

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name upayarlable, enter alternate a	name adopted for the purpose of transacting business in Fl	orida. The alter	mate name must include "1 imited 1	iability Commany ""L. L. C." or "L.	<u></u>
2 Delaware	and any power for the purpose of the		81-3027401		,
	hich foreign limited liability company is organized)	3		mber, if applicable)	
. 7/1/2018					
<b>4</b>	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to deterr	o registration )	bility)		
5 9620 Executive Cente		, ,	0620 Executive Center D	r N #200	
(Street Address of Principal Office)			(Mailing Ac	ng Address)	
St Petersburg, FL 3376	)2		St Petersburg, FL 33702		<u>-2</u>
		_			_ ( <u>.</u>
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> ac	ceptable)		
Name:	C T Corporation System			۳)	
Office Address:	1200 South Pine Island Road			r;;12: 12	•
	Plantation		, Florida <u>33324</u>		• • •
	(City)		, PROFIGA (Zip co	i∼	
designated in this applicate comply with the provis	gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.	us register	ed agent and agree to ac plete performance of my	ct in this capacity. I fur y duties, and I am famil	ther agree
designated in this applica to comply with the provis and accept the obligation	tion, I hereby accept the appointment	r and com	ed agent and agree to ac plete performance of my Madonna Assistant S	ct in this capacity. I fur y duties, and I am famil Cuddihy Secretary	ther agree
designated in this applica to comply with the provis and accept the obligation	tion, I hereby accept the appointment ions of all statutes relative to the prope s of my kosition as registered agent.  (Registered agent)	us register r and com signature)	ed agent and agree to ac plete performance of my Madonna Assistant S	ct in this capacity. I fur y duties, and I am famil Cuddihy Secretary	ther agree iar with
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap	ion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.  (Registered agent acity and address of the person(s) who have and Address:  JP Guilbault	us register r and com signature)	ed agent and agree to acplete performance of my Madonna Assistant Sutherity to mayage is/are:	et in this capacity. I furly duties, and I am famile Cuddihy Secretary  Name and Address  Michael Branca	ther agree iar with
designated in this applicate comply with the provise and accept the obligation  8. The name, title or cap Title or Capacity:	tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.  (Registered agent acity and address of the person(s) who have and Address:  JP Guilbault  9620 Executive	us register r and com s signature) as/have au Titl	ed agent and agree to acplete performance of my Madonna Assistant Sutherity to mayage is/are:	et in this capacity. I furly duties, and I am famile Cuddihy Secretary  Name and Address  Michael Branca  9620 Executive	ther agree iar with
designated in this applicate comply with the provise and accept the obligation  8. The name, title or cap Title or Capacity:	ion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.  (Registered agent acity and address of the person(s) who have and Address:  JP Guilbault	us register r and com s signature) as/have au Titl	ed agent and agree to acplete performance of my Madonna Assistant Sutherity to mayage is/are:	et in this capacity. I furly duties, and I am famile Cuddihy Secretary  Name and Address  Michael Branca	ther agree iar with
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designated in this applicate comply with the provise and accept the obligation.  8. The name, title or cap Title or Capacity: CEO  (Use attachments if neces).  9. Attached is a certificate.	Action, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent.  (Registered agent active and address of the person(s) who have and Address:  JP Guilbault  9620 Executive Center Dr. N. 200.  St Petersburg F1, 33702  sary)  of existence, no more than 90 days old of which it is organized. (If the certifical	as register r and com ass/have au Titl	Madonna Assistant S  The city to manage is/are:  e or Capacity:  O	Cuddihy Secretary  Name and Address  Michael Branca 9620 Executive Center Dr.N. 200  St. Petersburg F1_33702	ther agreediar with

Typed or printed name of signee

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EDUCATION BRANDS, 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 EIGHTH DAY OF OCTOBER, A.D. 2018.





6068150 8300 SR# 20187038740

You may verify this certificate online at corp.delaware.gov/authver.shtml

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Authentication: 203571619

Date: 10-08-18