# ALADODOPAN,

	(Requestor's Name)				
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## CT CORP

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

1/16/2019

D	ate:	1/16/2019	a: DW
		Acc#I20160000072	4: ( ) = V
Name:	CALEDO	NIAN COMPANY, LLC	
Document #:			
Order #:	11223765	LINE 107	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			2019 JAH 16
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	D 12 25
Filing:	Certific Plain: COGS:	ed: 🗸	THIS IS A 1 - 2 FILING  1. PLEASE FILE THE QUALIFICATION OF CALEDONIAN COMPANY, LLC
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amour	nt:\$ 155.00	2. PLEASE FILE THE REGISTRATION OF EDUCATIONAL PARTNERSHIP OF WEST PALM BEACH, LP

Thank you

### **COVER LETTER**

CALL BURNALL MINES NELL CORP.

то:	Registration Section Division of Corporations
SUBJE	Caledonian Company LLC ECT:
JOD51	Name of Limited Liability Company
The ene Existen	sclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific ace, and check are submitted to register the above referenced foreign limited liability company to transact business in Fl
Please	return all correspondence concerning this matter to the following:
	Name of Person
	Firm/Company
	Address
	City/State and Zip Code
For furt	E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclose:	ed is a check for the following amount:  \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

## 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:

2. PA (Jurisdiction under the law of which foreign) 4. (Dr. (Sec. Sec. Sec. Sec. Sec. Address of Principal Columbia, MD 21046) 7. Name and street address of Floring Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.	o sections 605.0904 & 605.0905, F.S. to determine to 100  Office)  Oriida registered agent: (P.O. Box	76. (FEI registration.) Inc penalty liability)  6. 6700 Alexander Bell D (Mailing Columbia, MD 21046	number, if applicable)	
4. (Di (Se (Se (See (See (See (See (See (See	o sections 605.0904 & 605.0905, F.S. to determine to 100  Office)  Oriida registered agent: (P.O. Box	registration.) Inc penalty trability) 6. 6700 Alexander Bell D (Mailing Columbia, MD 21046	rive, Suite 100	
5. 6700 Alexander Bell Drive, S (Street Address of Principal C Columbia, MD 21046  7. Name and street address of Fl	Ortida registered agent: (P.O. Box	6. 6700 Alexander Bell D (Mailing Columbia, MD 21046	rive, Suite 100 Address)	
5. 6700 Alexander Bell Drive, S (Street Address of Principal C Columbia, MD 21046  7. Name and street address of Fl	Ortida registered agent: (P.O. Box	6. 6700 Alexander Bell D (Mailing Columbia, MD 21046	Address)	
7. Name and street address of Fl	orida registered agent: (P.O. Box	Columbia, MD 21046	Address)	
C.T.		NOT acceptable)		
Name: CT	Composition Sector			
	Corporation System			
Office Address: 1200	South Pine Island Road			
Plan	tation (City)	, Florida 33324	Florida 33324 (Zip code) : 23	
designated in this application, I	d agent and to accept service of p hereby accept the appointment as all statutes relative to the proper position as registered agent. C T Corporation System	s registered agent and agree to and complete performance of t	act in this capacity. I further agi	
8. The name, title or capacity an Title or Capacity:	d address of the person(s) who ha	•	e: Name and Address:	
CFO	Todd C. Stuckey  6700 Alexander Bell Drive Ste. 100, Columbia, MD 2104	<b>46</b>		
(Use attachments if necessary)				
	tence, no more than 90 days old, d th it is organized. (If the certificate d)			
	accordance with section 605.0203 epartment of State constitutes a thin			
	Signature o	of an authorized person		

Typed or printed name of signee

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 01/02/2019

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### CALEDONIAN COMPANY

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set?
my hand and caused the Seal of the Secretary's

Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC190102080027-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify