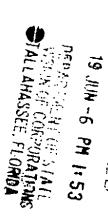
M1900005552

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

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B KINSEY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : AUTHORIZATION COST LIMIT : \$ 125.00 ORDER DATE: June 6, 2019 ORDER TIME : 12:31 PM ORDER NO. : 794136-005 CUSTOMER NO: 7609858 FOREIGN FILINGS NAME: SOURCEBOOKS, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Lydia Cohen -- EXT# 62974

CORPORATION SERVICE COMPANY

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJEC	Sourcebooks, LLC	
JOHOL.	Name o	f Limited Liability Company
The encl Existence	losed "Application by Foreign Limited Liability Core, and check are submitted to register the above refe	ppany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida.
Please re	eturn all correspondence concerning this matter to the	l following:
	Leyla Parada	
		Name of Person
Sourcebooks, LLC		
		Firm/Company
1935 Brookdale Rd., Suite 139		
		Address
	Naperville, 1L 60563	
City/s leyla.parada@sourcebooks.com		/State and Zip Code
	E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, please call:		630 536-0546
Leyla Parada		
Name of Contact Person		Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations		STREET ADDRESS: Division of Corporations
Registration Section		Registration Section
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAI	RTMENT OF STATE
	\$125.00 Filing Fee S130.00 Filing Fee Certificate of S	s \$155.00 Filing Fee & S160.00 Filing Fee, Certificate

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

	TION 605.0902, FLORIDA STATUTES, TUE SINESS IN THE STATE OF FLORIDA:	E FOLLOWING IS SUBMITTED TO REGISTER A FO	ORFIGN LIMITED LIABILIT
Sourcebooks, LLC			
(Name of Foreign	Limited Liability Company; must include "Lin	nited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	n Florida. The alternate name must include "Limited Liability Conq	pany," "L.I.,C," or "LLC ")
Delaware		36-3547944 3	
(Jurisdiction under the law of which foreign limited liability company is organized		(FEI number, (fappl)	icable)
4	(Date first transacted business in Florida, i prio (See sections 605 0904 & 605,0905, F.S. to det	ur to registration)	
1935 Brookdale Rd. 5.	·	1935 Brookdale Rd.	
(Street Address of I	Principal Office)	6. (Mailing Address)	
Suite 139		Suite 139	
Naperville, IL 60563		Naperville, IL 60563	√ 9
7. Name and street address	ss of Florida registered agent: (P.O. B	Box NOT acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		<u>ः</u> छः •
	Tallahassee	32301 , Florida	
	(City)	(/ip code)	
designated in this applicate to comply with the provise	gistered agent and to accept service to tion, I hereby accept the appointmen	of process for the above stated limited liabiling as registered agent and agree to act in this per and complete performance of my duties, Lydia Cohe	capacity. I further agree and I am familiar with en
	By: (Registered age	nt's signature)	

8. For initial index manage (up to six (6	ing purposes, list names, title or capacity a	nd addresses of the primary m	embers/managers or persons authorized to
Title or Capacity:	Name and Address:	Title or Capacity:	
☐ Manager ☐ Member	Name: Dominique Raccah Address: Sourcebooks, LLC	Manager Member	Name: Raymond Walden Address: Sourcebooks, LLC
Authorized	1935 Brookdale Rd., Suite 139	Authorized	1935 Brookdale Rd., Suite 139
Person	Naperville, IL 60563	Person	Naperville, IL 60563
Other	Other	Other	Other
Manager	Name: Barbara S, Briel	Manager	Name:
Member	Address: Sourcebooks, LLC	Member	Address: Penguin Random House
Authorized	1935 Brookdale Rd., Suite 139 Naperville, IL 60563	Authorized	1745 Broadway New York, NY 10019
Person Other		Person Other	
☐Manager ■Member	Name: Nina Von Moltke Penguin Random House Address: 1745 Broadway	_	Name:Address:
☐ Authorized Person	New York, NY 10019	Person	A 19-20
Other	Other	Other	Other_ cot
9. Attached is a cert jurisdiction under the of the translator mu 10. This document	s executed in accordance with section 605 ment to the Department of State constitutes	or Florida Department of State old, duly authenticated by the ficate is in a foreign language 0303 (1) (b), Florida Statutes.	Annual Report form. official having custody of records in the a translation of the certificate under oath. I am aware that any false information.

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 THAT "SOURCEBOOKS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR

AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO

TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF CONVERSION, FILED THE SEVENTH DAY OF MAY, A.D.
2019, AT 3:55 O'CLOCK P.M.

CERTIFICATE OF FORMATION, FILED THE SEVENTH DAY OF MAY, A.D. 2019, AT 3:55 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "SOURCEBOOKS, LLC".

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

7408260 8315 SR# 20195234476 Authentication: 202960390

Date: 06-04-19

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

Authenticati