

M19000007663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

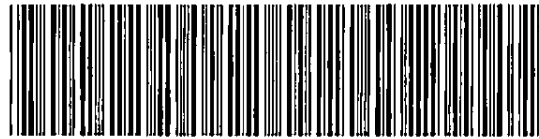
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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19 AUG -9 PM 1:54
FILED

2019 AUG -6 PM 3:00
FILED

AUG 09 2019

M. SOLOMON



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 08/06/2019

Name: Merritt Walker

Reference #: 1088924

Entity Name: LORMAN BUSINESS CENTER, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$155

Signature: *MW*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2019

COGENCY GLOVAL

SUBJECT: LORMAN BUSINESS CENTER, LLC
Ref. Number: W19000072194

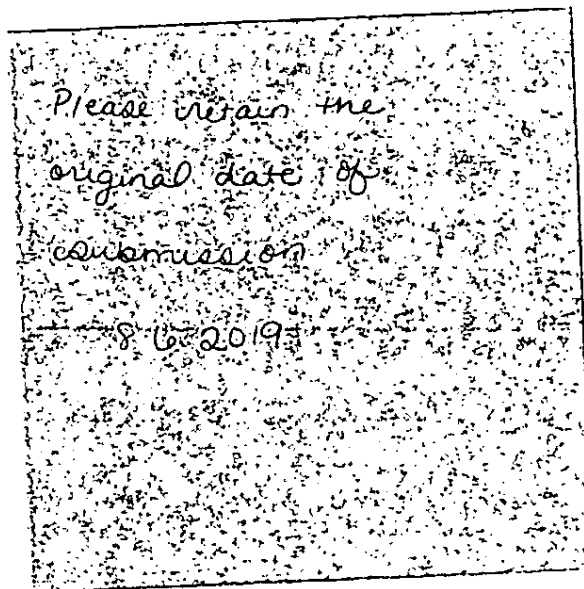
We have received your document for LORMAN BUSINESS CENTER, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Authorized Amount on cover sheet is \$78.75. The filing fee for a Foreign Limited Liability Company with a certified copy is \$155.00. Please amend authorized amount.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 319A00016183



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LORMAN BUSINESS CENTER, 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:

RAAM S. JANI

Name of Person

VEDDER PRICE P.C.

Firm/Company

222 N. LASALLE ST., SUITE 2600

Address

CHICAGO, IL 60601

City/State and Zip Code

rjani@vedderprice.com

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

For further information concerning this matter, please call:

Stephanie Michaels

Name of Contact Person

at (312)

Area Code

609-7523

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. LORMAN BUSINESS CENTER, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. DELAWARE 3. 39-1596686
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/06/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2510 ALPINE ROAD 6. 2510 ALPINE ROAD
(Street Address of Principal Office) (Mailing Address)
EAU CLAIRE, WI 54703 EAU CLAIRE, WI 54703

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

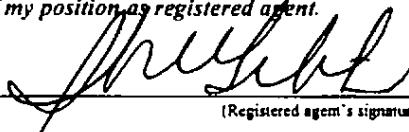
Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301
(City) (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.


(Registered agent's signature)

2019 AUG -6 PM 3:01
FILED

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: ☐ Manager ☒ Member ☐ Authorized Person ☐ Other _____

Name and Address: Name: Lorman Education Group, LLC
Address: 2510 ALPINE ROAD
EAU CLAIRE, WI 54703

☐ Manager Name: Michael Tadors

☐ Member Address: 345 E. Wacker Dr.

☐ Authorized Suite 2505

Person Chicago, IL 60601

☒ Other President and Secretary ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Michael Tadros</u>
<input type="checkbox"/> Member	Address: <u>345 E. Wacker Dr.</u>
<input type="checkbox"/> Authorized	<u>Suite 2505</u>
Person	<u>Chicago, IL 60601</u>
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

MICHAEL TADROS

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LORMAN BUSINESS CENTER, 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 SIXTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LORMAN BUSINESS CENTER, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MAY, A.D. 2019.

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



7441469 8300

SR# 20196361048

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203356852

Date: 08-06-19