

NA0000010393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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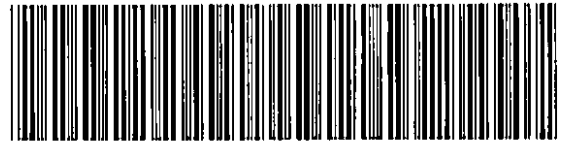
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 OCT 28 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 OCT 29 2:14:01

Y SCOTT
OCT 29 2019

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

ACCOUNT NO. : I20000000195

REFERENCE : 025656 8063455

AUTHORIZATION : *[Signature]*

COST LIMIT : \$125.00

ORDER DATE : October 25, 2019

ORDER TIME : 10:09 AM

ORDER NO. : 025656-010

CUSTOMER NO: 8063455

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOREIGN FILINGS

NAME: SECURESET ACADEMY LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

**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. SecureSet Academy LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC."

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

3. 84-3458283
(FEI number, if applicable)

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

5. 115 W 18th Street
(Street Address of Principal Office)

6. 115 W 18th Street, Attn: Legal
(Mailing Address)

New York, NY 10011

New York, NY 10011

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

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.

By: Lydia Cohen
Corporation Service Company Asst. Vice President
(Registered agent's signature)

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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: **Name and Address:**

☐ Manager Name: WeWork Companies LLC

☒ Member Address: 115 W 18th Street

☐ Authorized New York, NY 10011

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Mark Fitzpatrick

☐ Member Address: 115 W 18th Street

☐ Authorized New York, NY 10011

Person _____

☒ Other Director ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Jared DeMatteis

☐ Member Address: 115 W 18th Street

☐ Authorized New York, NY 10011

Person _____

☒ Other Director ☐ 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

Jared DeMatteis

Typed or printed name of signee

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE
CORPORATION UNDER THE NAME OF "SECURESET ACADEMY, INC." TO A
DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM
"SECURESET ACADEMY, INC." TO "SECURESET ACADEMY LLC", FILED IN
THIS OFFICE ON THE FOURTH DAY OF SEPTEMBER, A.D. 2019, AT 3:34
O'CLOCK P.M.

2019 OCT 25 PM 4:43
FILED
DELAWARE
HALL OF RECORDS




Jeffrey W. Bullock, Secretary of State

6281077 8100V
SR# 20196865674

Authentication: 203529472
Date: 09-04-19

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO A
LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

1.) The jurisdiction where the Corporation first formed is Delaware.

2.) The jurisdiction immediately prior to filing this Certificate is Delaware.

3.) The date the corporation first formed is January 13, 2017.

4.) The name of the Corporation immediately prior to filing this Certificate is
SecureSet Academy, Inc.

5.) The name of the Limited Liability Company as set forth in the Certificate of
Formation is SecureSet Academy LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
4th day of September, A.D. 2019.

By: 
Authorized Person

Name: Jared DeMatteis
Print or Type

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TALLAHASSEE, FLORIDA

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