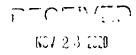
# M20000010958

(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:				

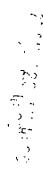
Office Use Only



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5/1/2

### **COVER LETTER**

Name of Limited Liability Company					
	ity Company for Authorization to Transact Business in Florida ove referenced foreign limited liability company to transact bus				
return all correspondence concerning this matt	er to the following:				
Terumi Echols					
	Name of Person	_			
InterVarsity Press, LLC					
	Firm/Company	-			
430 Plaza Dr.					
	Address	_			
Westmont, IL, 60559					
	City/State and Zip Code	-			
techols@ivpress.com					
E-mail address: (to	o be used for future annual report notification)	- 7.			
ther information concerning this matter, please	call:	;; a			
Terumi Echols	630 618-4356				
Name of Contact Person	Area Code Daytime Telephone Number	ביד" – ביד"			
Mailing Address:	Street Address:	1 <u></u>			
Registration Section	Registration Section	 .:			
Division of Corporations	Division of Corporations	,			
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	i diffdidocc, i i, jejvo				

## 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:

If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida The	alternate name must include "Limited Liability	Company," "L.L.C," or "LE
Delaware		3.	85-3082351	
(Jurisdiction under the law of which foreign limited liability company is organized)		٤.	(FEI number, if a	oplicable)
N/A				
• -	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registratio ne penalty	n.) Hability)	
430 Płaza Dr.		6	PO Box 1400	
treet Address of Principal Office)	<del> </del>	0.	(Mailing Address)	
Westmont, IL			Downers Grove, IL	
60559			60515	-1 1 13
Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	
Name:	Corporation Service Company			·    
	1201 Hays Street			;
Office Address:	·		<del></del>	

#### 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.

Corporation Service Company

By: Lynn M. Cannellongo
(Registered agent's signature)

Lynn M. CanneLongo, AVP

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:	Title or Capacity:	Name and Address:
□Manager	Name:	■Manager	Name:
■Member	Address: 635 Science Dr.	□Member	Address:
□Authorized	Madison, WI	□Authorized	Madison, WI
Person	53711	Person	53711
□Other	Other	□Other	
■Manager	Name:	<b>≣</b> Manager	Name:
□Member	Address: 635 Science Dr	□Member	Address: 430 Plaza Dr.
□Authorized	Madison, WI	□Authorized	Westmont, IL
Person	53711	Person	60559
□Other	Other	□Other	□Other ·
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	<del></del>
Person		Person	
Other	□Other	□Other	Other

<u>Important Notice</u>: 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.

Docusigned by:  Jeff Crosby  81ABA (18887AAA)		11/17/2020
	Signature of an authorized person	·
Jeff Crosby		
	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 "INTERVARSITY PRESS, 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 NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTERVARSITY PRESS, LLC" WAS FORMED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2020.

Authentication: 204024004

Date: 11-06-20