# M210000001495

(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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### COVER LETTER

TO:

TO:	Registration Section Division of Corporations	•	;	<del>y</del>
SUBJ	TouchMath Acquisition LLC			
SUDJ	ECT: Name	e of Limited Liability Company		
The er Existe	nclosed "Application by Foreign Limited Liability once, and check are submitted to register the above	Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busi	" Certific ness in F	ate of Iorida.
Please	return all correspondence concerning this matter to	o the following:		
	Steven Mercer, Controller			
		Name of Person	•	
	TouchMath Acquisition LLC			
	Firm/Company			
	5445 Mark Dabling Blvd, Suite 200		202	
		Address	2021 JAN	-
	Colorado Springs, CO 80918		<b>2</b> - 8	
	C	City/State and Zip Code	₹ ⊃ <b>~</b> 0	i I
	Steven.Mercer@TouchMath.com	ູ່ ກ <sub>ູ</sub> ດ ກໍາ	11 <u>-</u>	
	E-mail address: (to be	e used for future annual report notification)	3: <b>45</b>	
For fu	rther information concerning this matter, please ca	H:	,	
	Steven Mercer, Controller	719 593-2448 Ext 116	_	
	Name of Contact Person	Area Code Daytime Telephone Number	-	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEI  \$125.00 Filing Fee  Certificate	ee & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee.		

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TouchMath Acquisition					
(Name of Foreign	Limited Liability Company, must include "Limite	Liability Com	pany," "L.U.C.," or "LUC.")	<u> </u>	
(If manie unavailable, enter alternate	name adopted for the purpose of transacting business in F	orida. The attenua	te name must include "Limited Liability	Company," "L.L.	2." or "I,I.C.")
2. Cal	OY PACO which foreign limited liability company is organized)	83- 3.	1927094 (FEI number, if		
(Jurisdiction under the law of s	which foreign limited liability company is organized)		(FEI number, it	pplicable)	
October 1, 2020					
<b>4.</b>	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ) ine penalty liabilit	(y)	-	
5445 Mark Dabling B	Ivd, Suite 200	544	5 Mark Dabling Blvd, Suite	200	
5. (Street Address of Principal Office)		6	(Mailing Address)	-171 -171	<b>2</b> }−
Colorado Springs, CO		Colo	orado Springs, CO 80918		
					Z
				:;;;-;; ;;;-;;	∞ f
		-		<u> 유유</u>	로 !!!
7 Name and street addre	ess of Florida registered agent: (P.O. Box	NOT accer	uahlu)	EST.	سا بي
7. Name and <u>succe addic</u>	sa or Fronda registered agent. (1.0. box	<u>NOT</u> accep	nable)	- 14E	ა. წ
Name:	Paula Frappollo	<u> </u>	_	1.1	
Office Address:	15743 Fairview Point		<del>_</del>		
	Tavares		32778 , Florida		
	(City)		(Zip code)	<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 psy position as registered agent.

(Registered agent's signature)

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: Jeffery D Jones, VP Finance	■Manager	Name: Annette Mosman, COO
□Member	Address: 5445 Mark Dabling Blvd	□Member	Address:
□Authorized	Suite 200	□Authorized	Suite 200
Person	Colorado Springs, CO 80918	Person	Colorado Springs, CO 80918
Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address: (2) 22 22
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	HS Q
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		$\square$ Authorized	
Person		Person	
□Other	Other	□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.

affect Done	
Signature of an authorized person	-
Jeffery D Jones	
Typed or printed name of signee	

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

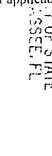
I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

TouchMath Acquisition LLC

is an entity formed or registered under the law of Delaware , has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181731364.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/05/2020 that have been posted, and by documents delivered to this office electronically through 11/06/2020 @ 10:41:44.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued the official certificate at Denver, Colorado on 11/06/2020 @ 10:41:44 in accordance with applicable law. This certificate is assigned Confirmation Number 12711612





Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Vahdate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click

"Businesses, trademarks, trade names" and select "Frequently Asked Questions.