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COVER LETTER

Registration Section Division of Corporations TO:



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	MPKINS			
, -	Name of Person			
ASCEND	LEARNING, LLC			
	Firm/Company			
11161 0\	/ERBROOK RD			
	Address			
LEAWOC	D, KS 66211			
	City/State and Zip Code			
	N@ASCENDLEARNING.COM			
E-mail address: (to	be used for future annual report notification)			
er information concerning this matter, please	call:			
ZACK TOMPKINS				
-				
ZACK TOMPKINS	at (913) 954-5494 Area Code Daytime Telephone Number Street Address: Registration Section			
ZACK TOMPKINS Name of Contact Person Mailing Address: Registration Section Division of Corporations	at (913) 954-5494 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations			
ZACK TOMPKINS Name of Contact Person Mailing Address: Registration Section	at (913) 954-5494 Area Code Daytime Telephone Number Street Address: Registration Section			

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KOGNITO S (Name of Foreign	SOLUTIONS, LLC Limited Liability Company; must include "Limited I	Liability (ompany," "L.L.C.," or "LLC.")	
(It name unavailable, enter alternate)	name adopted for the purpose of transacting business in Flor	ida. The alt	ernate name must include "Limited Liability Compa	ny," "L.L.C." or "LLC.")
2. DELAWARE (Jurisdiction under the faw of which foreign limited hability company is organized)		3	80-0055476 (FEI number, if applicable)	
01/01/2021	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	gistration.) penalty lia	bilası	
5. 135 WEST 26 Street Address of Principal Office)			11161 OVERBROOK RD	
12TH FLOOR		_		
NEW YORK, NY 10001		LEAWOOD, KS 66211		
7. Name and street addres	ss of Florida registered agent: (P.O. Box.)	<u>NOT</u> ac	ceptable)	
Name:	CORPORATION SERVICE COMPAN	Y		
Office Address:	1201 HAYS STREET			
TALLAHASSEE	TALLAHASSEE		32301 Florida	· .
designated in this applica to comply with the provisi	•	register	r the above stated limited liability co ed agent and agree to act in this cap	acity. I further ag
	Sharia Hinz (Registered agent's sig	ton mature)		

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: Title or Capacity; Name and Address: Name and Address: Name: GREGORY SEBASKY □Manager □Manager Address: ____ 11161 OVERBROOK RD Address: ☐ Member □Member LEAWOOD, KS 66211 LEAWOOD, KS 66211 □ Authorized Authorized Person Person ≘Other__ ■Other____ Other____ □Other GARY MADSEN LAWRENCE GOLD □ Manager □Manager Address: _____ 11161 OVERBROOK RD □Member □Member LEAWOOD, KS 66211 LEAWOOD, KS 66211 □Authorized □ Authorized Person Person SECRETARY TREASURER □Other ■Other □Other Name: MARK MAY □Manager □Manager Address: ____ ■ Member □ Member LEAWOOD, KS 66211 □ Authorized □ 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. Nonindexed 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.

MANDEEP JOHAR - CFO
Typed or printed name of signee

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KOGNITO SOLUTIONS 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 NINTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KOGNITO"

SOLUTIONS LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2015.

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

Authentication: 202472049

Date: 02-09-21

5750178 8300 SR# 20210385439