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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 973324 7530196

AUTHORIZATION : Smill Eleman

COST LIMIT : \$ 125.00

ORDER DATE : August 24, 2021

ORDER TIME : 10:43 AM

ORDER NO. : 973324-005

CUSTOMER NO: 7530196

._____.

FOREIGN FILINGS

NAME: WASSERMAN COLLEGE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

DocuSign Envelope ID: 8D14520F-1B2C-48ED-835F-EF85E6C866F6

COVER LETTER

		COVINELITER
	istration Section ision of Corporations	
cubirer.	Wasserman College LLC	
SUBJECT:	Name	of Limited Liability Company
The enclosed Existence, an	"Application by Foreign Limited Liability C d check are submitted to register the above r	Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning this matter to	o the following:
	Traci McDaniel	
		Name of Person
	Wasserman Media Group LLC	
		Firm/Company
	10900 Wilshire Blvd., Suite 1200	
		Address
	Los Angeles, CA 90024	
		ity/State and Zip Code
	tmcdaniel@teamwass.com ▼	
	E-mail address: (to be	used for future annual report notification)
For further in	nformation concerning this matter, please cal	4:
Tra	ci McDaniel	310 407-0200 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, 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 DEPARTMENT OF STATE

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

IN COMPLANCE WITH SECTION 695.0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, Wasserman College	THE STATE OF PROMISE.				
	Limited Liability Company; must include "Limite	d Liabilii	ty Company," "L.L.C.," or "EL.C	C.")	
Delaware	name adopted for the purpose of transacting business in Fl which foreign limited liability company is organized)		e alternate name must include "Limit 		
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registratio	on i		
10900 Wilshire Blvd.		6.	10900 Wilshire Blvd.,		
Los Angeles, CA 900	024 		Los Angeles, CA 9002	24	
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	- co 	2021
Name:	Corporation Service Company				2002
Office Address:	1201 Hays Street			.75 Th	LED
	Tallahassee		32301 Florida	, FL	25

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

(City)

Traci McDaniel

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: Casey Wasserman Name: _ Elena Rochelli **■**Manager ■Manager 10900 Wilshire Blvd., Suite 1 10900 Wilshire Blvd., Suite 1 □Member □Member Los Angeles, CA 90024 Los Angeles, CA 90024 □ Authorized □ Authorized Person Person □Other □Other____ □Other____ Other Mike Pickles Traci McDaniel ■ Manager □Manager 10900 Wilshire Blvd., Suite 1 10900 Wilshire Blvd., Suite 1 □Member □Member Address: Los Angeles, CA 90024 Los Angeles, CA 90024 □ Authorized ■Authorized Person Person ☐Other___ □Other □Other ___ □Other____ □Manager Name: _____ □Manager Name: _____ □Member Address: ____ □Member Address: □ 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. Traci Mc Daniel AD WARE INDIGENET Signature of an authorized person

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WASSERMAN COLLEGE, 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 TWENTY-FOURTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WASSERMAN COLLEGE, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2016.

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



Authentication: 203990918

Date: 08-24-21