

M2000013862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

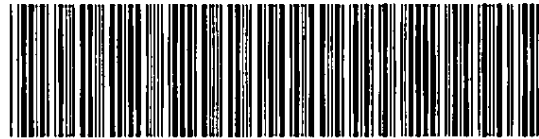
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800375049688

10/18/21--01049--002 **125.00

FILED
21 OCT 19 PM 4:05
CLERK OF COURT
STATE OF FLORIDA

TK
10/20/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKESHORE LEARNING MATERIALS, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KRISTIANA PITZONKA

Name of Person

LAKESHORE LEARNING MATERIALS, LLC

Firm/Company

2695 E. DOMINGUEZ ST.

Address

CARSON, CA 90895

City/State and Zip Code

salestaxteam@lakeshorelearning.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTIANA PITZONKA

310

537-8600 X 2832

Name of Contact Person

at ()

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 DEPARTMENT OF STATE

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LAKESHORE LEARNING MATERIALS, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. CALIFORNIA 94-1525814
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. DATE TRANSACTED BUSINESS UNDER DOC # F000000001123
(Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.0905, F.S., to determine penalty liability)

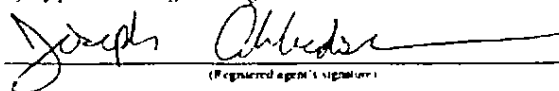
5. 2695 E. DOMINGUEZ ST. 2695 E. DOMINGUEZ ST.
(Street Address of Principal Office) (Mailing Address)
CARSON, CA 90895 CARSON, CA 90895

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

Name: ABBADESSA, JOE
Office Address: 335 E. SEMORAN BLVD., SUITE 101
FERN PARK, Florida 32730
(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.


(Registered agent's signature)

FILED
21 OCT 18 PM 4:05
CLERK OF THE COURT
STATE OF FLORIDA

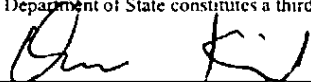
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	DAVID BO KAPLAN		<input type="checkbox"/> Manager	Name:	MICHAEL SOLOMON	
<input type="checkbox"/> Member	Address:	2695 E. DOMINGUEZ ST.		<input type="checkbox"/> Member	Address:	2695 E. DOMINGUEZ ST.	
<input type="checkbox"/> Authorized		CARSON, CA 90895		<input type="checkbox"/> Authorized		CARSON, CA 90895	
Person				Person			
<input checked="" type="checkbox"/> Other	CEO	<input type="checkbox"/> Other		<input type="checkbox"/> Other	PRESIDENT	<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	JOSH KAPLAN		<input type="checkbox"/> Manager	Name:	KARA HOLLIS	
<input type="checkbox"/> Member	Address:	2695 E. DOMINGUEZ ST.		<input type="checkbox"/> Member	Address:	2695 E. DOMINGUEZ ST.	
<input type="checkbox"/> Authorized		CARSON, CA 90895		<input type="checkbox"/> Authorized		CARSON, CA 90895	
Person				Person			
<input checked="" type="checkbox"/> Other	CPO	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other	VICE PRES.	<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	JOSH FARAN		<input type="checkbox"/> Manager	Name:	DAN KLINK	
<input type="checkbox"/> Member	Address:	2695 E. DOMINGUEZ ST.		<input type="checkbox"/> Member	Address:	2695 E. DOMINGUEZ ST.	
<input type="checkbox"/> Authorized		CARSON, CA 90895		<input type="checkbox"/> Authorized		CARSON, CA 90895	
Person				Person			
<input checked="" type="checkbox"/> Other	TREASURER	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other	CFO	<input type="checkbox"/> Other	

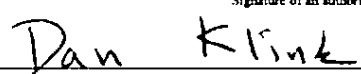
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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



Typed or printed name of signer



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: LAKESHORE LEARNING MATERIALS, LLC
File Number: 202125710770
Registration Date: 09/10/2021
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of October 5, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of California
this day of October 6, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: R99QB6R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bizfile.sos.ca.gov/certification/index.

NAME: **LAKESHORE LEARNING MATERIALS, LLC**

BUSINESS TYPE: (Single Member) LLC

STATE OF INC / DOMICILE: CALIFORNIA

OFFICERS: David Bo Kaplan, Chief Executive Officer
Michael Solomon, President
Joshua Kaplan, Chief Product Officer
Kara Hollis, Vice President & Secretary
Joshua Farran, Treasurer
Daniel Klink, Chief Financial Officer
Jennifer Centazzo, Chief Operating Officer
Gary Whitley, President of Sales

DIRECTORS: David Bo Kaplan, Chairman of the Board
Michael Solomon
Joshua Farran
John Dankahl
Joshua Kaplan

202125710770



State of California Secretary of State

428018 - Out

Limited Liability Company Articles of Organization - Conversion

LLC-1A

File #

FILED
Secretary of State
State of California

SEP 10 2021

IMPORTANT — Read all instructions before completing this form.

This Space For Filing Use Only

Converted Entity Information

1. Name of Limited Liability Company (The name must include the words Limited Liability Company or the abbreviations LLC or L.L.C. The words Limited and Company may be abbreviated to Ltd. and Co., respectively.)

Lakeshore Learning Materials, LLC

2. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

3. The limited liability company will be managed by (check only one):

☐

One Manager

☒

More Than One Manager

☐

All Limited Liability Company Member(s)

4. Initial Street Address of Limited Liability Company's Designated Office in CA

2695 East Dominguez Street

City

Carson

State

CA

Zip Code

90895

5. Initial Mailing Address of Limited Liability Company, if different from Item 4

City

State

Zip Code

6. Initial Agent for Service of Process: Item 6a: List the name of an individual or a corporation registered in CA under California Corporations Code section 1505 that agrees to be your agent for service of process. You may not list the converted entity as the agent. Item 6b: If the agent is an individual, list the agent's CA business or residential street address. Item 6c: If the agent is an individual and the converting entity is a CA corporation, limited partnership or general partnership, list the agent's mailing address. Do not list an address if the agent is a CA registered corporate agent as the address for service of process is already on file.

- a. Name of Agent For Service of Process

Jennifer Centazzo

- b. If an individual, Street Address of Agent for Service of Process - Do not list a P.O. Box

2695 East Dominguez Street

City

Carson

State

CA

Zip Code

90895

- c. If an individual, Mailing Address of Agent for Service of Process

2695 East Dominguez Street

City

Carson

State

CA

Zip Code

90895

Converting Entity Information

7. Name of Converting Entity

Lakeshore Equipment Company

8. Form of Entity

Corporation

9. Jurisdiction

California

10. CA Secretary of State Entity Number, if any

0428018

11. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class:

The class and number of outstanding interests entitled to vote.
Common; 93

AND

The percentage vote required of each class.
100

Additional Information

12. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

13. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.

Signature of Authorized Person

Signature of Authorized Person

Michael Kaplan, Chairman of the Board

Type or Print Name and Title of Authorized Person

Daniel Klink, Chief Financial Officer

Type or Print Name and Title of Authorized Person



I hereby certify that the foregoing
transcript of _____ page(s)
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office

SEP 20 2021

A handwritten signature in cursive script, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, Ph.D. Secretary of State