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| (Requestor's Name) | |
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| (City/State/Zip/Phone | e #) |
| PICK-UP WAIT | MAIL |
| (Business Entity Nam | ne) |
| (Document Number) | |
| Certified Copies Certificates | s of Status |
| Special Instructions to Filing Officer: | |
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S. FRANKLIN AUG - 2 2022

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 8/1/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1059421

ORDER ENTITY

CHARTER SCHOOL REALTY COMPANY, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: CHARTER SCHOOL REALTY COMPANY, LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

Email address for annual report reminders: Shelly.Miner@unisearch.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

7622 K 12 - 1 PM 3: 29

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, August 1, 2022 Page 1 of 1

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

IN COMPLANCE WITH SECTION 605.0902, FLORIDA SECTUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LEMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | | | | | | |
|--|---|-----------------------------|---|-----------------------------|--|--|
| name unavailable, enter alternate r | name adopted for the purpose of transacting business in Fl | orida The i | alterrate tunic must include "Limited Liability Com | pany," "L. I. C," or "L | | |
| Delaware | | 7 | | | | |
| Unisdiction under the law of which foreign limited hability company is organized: | | ٥. | (FEI number, if applie | (FEI number, if applicable) | | |
| | | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905; F.S. to determine | registration ine penalty |) liability) | | | |
| 1000 SW Broadway, Suite 1800 | | | 1000 SW Broadway, Suite 1800 | | | |
| eet Address of Principal Office) | | 0. | (Mailing Address) | 202 | | |
| Portland, Oregon 97205 Portland, | | Portland, Oregon 97205 | 2 8.21 | | | |
| | | • | | 2022 A. G 1 | | |
| | | - | | - | | |
| . Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | | . ပု | | | | |
| Name: | Unisearch, Inc. | | | 29 | | |
| Office Address: | 1990 Main Street, Suite 750-709 | | | | | |
| | Sarasota | | 34236 , Florida | | | |
| | (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.

by: Shawn Linan, Assistant Secretary

Brad Coburn

| Title or Capacity | : Name and Address: | Title or Capacity | <u>r:</u> | Name and Address: |
|---|---|--|---|--|
| ≅Manager | Name: Brad Coburn | □Manager | Name: | |
| ∐Member | Address: 1000 SW Broadway, Suite 1800 | □Member | Address: | |
| □Authorized | Portland, Oregon 97205 | □Authorized | | |
| Person | | Person | | |
| □Other | Dother | []Other | | □Other |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | □Authorized | | |
| Person | | Person | | P-3 |
| 🗀 Other | □Other | □Other | | 22 / |
| | | | | 1 |
| ⊟Manager | Name: | □Manager | Name: | -o |
| □Member | Address: | □Member | Address: | 3: |
| □Authorized | | ☐ Authorized | | Ğ |
| Person | | Person | | |
| Other | □ Other | □Other | · · · · · · · · · · · · · · · · · · · | ☐Other |
| indexed individua 9. Attached is a ce jurisdiction under of the translator m | Use an attachment to report more than six (6). This may be added to the index when filing your Fiortificate of existence, no more than 90 days old, duthe law of which it is organized. (If the certificate ust be submitted) | rida Department of Sta luly authenticated by the is in a foreign languag | ite Annual Rep ie official havi ge, a translation | ort form. ng custody of records in the cortificate under oath |

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 "CHARTER SCHOOL REALTY COMPANY, 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-NINTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHARTER SCHOOL REALTY COMPANY, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MAY, A.D. 2013.

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

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Authentication: 204044810

Date: 07-29-22

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