

M23000003896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

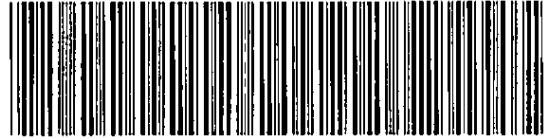
(Document Number)

Number of Copies _____

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RECEIVED
CORPORATIONS
DIVISION
FLORIDA

2023 MAR 24 PM 2:17

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2023 MAR 24 PM 3:33

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AND
FILED

MAR 27 2023

K. Brumbley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext:
Date: 03/24/23
Order #: 610120-1
Re: Playaway Products LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

I20000000195

AUTHORIZATION

A handwritten signature in black ink, appearing to read 'Eyliena Baker', is written over the word 'AUTHORIZATION'.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Playaway Products 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:

Jennifer Harper

Name of Person

Bertelsmann, Inc.

Firm/Company

1745 Broadway

Address

New York, NY 10019

City/State and Zip Code

jennifer.harper@bertelsmann.com

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

For further information concerning this matter, please call:

Jennifer Harper

212

782-1074

at (_____) _____

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 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Playaway Products LLC
(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. Delaware 3. 92-1799721
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 31999 Aurora Road 6. 1745 Broadway
(Street Address of Principal Office) (Mailing Address)
Solon, OH 44139 c/o Bertelsmann, Inc.
New York, NY 10019

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: Eylima Bahar Assistant Vice President
(Registered agent's signature)

2023 MAR 24 PM 3:33
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AT TALLAHASSEE
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]:

Title or Capacity: Name and Address:

☒ Manager Name: Nihar Malaviya

☐ Member Address: 1745 Broadway

☐ Authorized New York, NY 10019

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Gene LaMarca

☐ Member Address: 31999 Aurora Road

☐ Authorized Solon, OH 44139

Person _____

☒ Other CEO ☐ Other _____

☐ Manager Name: Maysa Dahdouli

☐ Member Address: 1745 Broadway

☐ Authorized New York, NY 10019

Person _____

☒ Other SVP, Taxes ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Anke Steinecke

☐ Member Address: 1745 Broadway

☐ Authorized New York, NY 10019

Person _____

☒ Other Secretary ☐ Other _____

☐ Manager Name: Amanda D'Acierno

☐ Member Address: 1745 Broadway

☐ Authorized New York, NY 10019

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: James Johnston

☐ Member Address: 1745 Broadway

☐ Authorized New York, NY 10019

Person _____

☒ Other Treasurer ☐ 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.

Anke Steinecke

Signature of an authorized person

Anke Steinecke

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PLAYAWAY PRODUCTS 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 MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PLAYAWAY PRODUCTS LLC" WAS FORMED ON THE TENTH DAY OF JANUARY, A.D. 2023.

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



Jeffrey W. Bullock, Secretary of State

7228749 8300

SR# 20231132578

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202997383

Date: 03-24-23