

M23000004482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

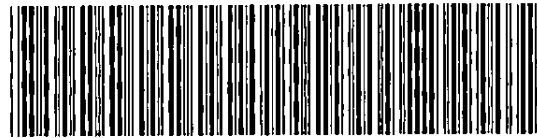
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 APR -6 AM 10:05

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2023 APR -6 PM 3:18
ALABAMA SECRETARY OF REVENUE

APR 05 2023

C. Brumley

(2)

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 04/06/2023

****WALK IN****

ENTITY NAME Winsor Learning, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 155.00

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Heppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WINSOR LEARNING, 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:

DOLORES BURTON

Name of Person

UNITED CORPORATE SERVICES, INC.

Firm/Company

80 STATE STREET, SUITE 800

Address

ALBANY, NY 12207

City/State and Zip Code

shuguet@verrill-law.com

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

For further information concerning this matter, please call:

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 & ☒ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy 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. WINSOR LEARNING, 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. MN
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

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

5. 8860 East Chaparral Road
(Street Address of Principal Office)

6. 8860 East Chaparral Road
(Mailing Address)

Suite 100

Suite 100

Scottsdale AZ 85250

Scottsdale AZ 85250

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

Name: United Corporate Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee 32312
(City) , Florida (Zip code)

2023 APR - 6 AM 10: 05

FILED

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.

Michael A. Barr

(Registered agent's signature)

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: Jonathan N. Grayer

☐ Member Address: 2187 Atlantic Street

☐ Authorized 5th Fl

Stamford, CT 06902

 Person

☐ Other _____ ☐ Other _____

 Manager Name: Christopher M. Graham

☐ Member Address: 2187 Atlantic Street

☐ Authorized 5th Fl

Stamford, CT 06902

 Person

☒ Other Secretary ☐ Other _____

 Manager Name: Kelly Staniec

☐ Member Address: 8860 East Chaparral Road

☐ Authorized Suite 1000

Scottsdale AZ 85250

 Person

☒ Other Vice President, Treasurer and Assistant Secretary ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Adam J. Klaber

☐ Member Address: 2187 Atlantic Street

☐ Authorized 5th Fl

Stamford, CT 06902

 Person

☐ Other _____ ☐ Other _____

 Manager Name: David S. Alderslade

☐ Member Address: 8860 East Chaparral Road

☐ Authorized Suite 100

Scottsdale AZ 85250

 Person

☒ Other Executive Vice President, Chief Financial Officer ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person

☐ Other _____ ☐ 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.

/s/ David S. Alderslade

Signature of an authorized person

David S. Alderslade

Typed or printed name of signer

WINSOR LEARNING, LLC
8860 East Chaparral Road
Scottsdale, AZ 85250

March 24, 2023

To Whom It May Concern:

Please be advised that Winsor Learning, Inc. has converted to a limited liability company under the name "Winsor Learning, LLC". We will not revive the withdrawn entity, Winsor Learning, Inc.

WINSOR LEARNING, LLC

By

DocuSigned by:



David S. Alderslade

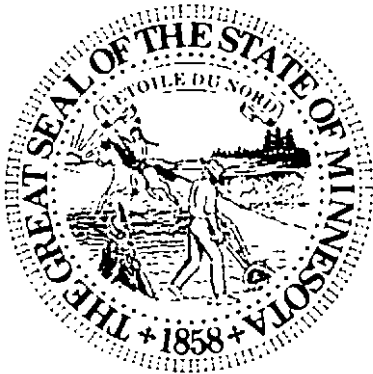
Chief Financial Officer and Executive
Executive Vice President

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Winsor Learning, LLC
Date Filed:	01/26/2023
File Number:	1369920700073
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 03/24/2023



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota