Mag 000000 Halletter

| Division of Corporations | <u> </u> | |
|--|---|-----|
| SUBJECT: SCHOLASTIC TE | ESTING SYSTEMS, LLC | |
| | ration - must include suffix) | |
| Dear Sir or Madam: 00189 - 01116-00 | 707-00671- W99-4573 | _ |
| The enclosed "Application by Foreign Corporation to "Certificate of Existence", and check are submitted to transact business in Florida. | for Authorization to Transact Business in Florida", to register the above referenced foreign corporation to | |
| Please return all correspondence concerning this mat | tter to the following: 900002782929——1 | |
| KENNETH D. W. | -02/22/9901089007 ALKER *****87.50 *****87.50 | - |
| KENNETH D. W. (Name | e of Person) SUUUU27829291 -03Z25/9901071004 | |
| SCHOLASTIC TEST. | ING SYSTEMS, LEX**187.50 ****197.50 | |
| (Firm/ | /Company) | |
| 206 North WASHINGT | TOW STREET, STE 320 | |
| ;; œ | Address) | |
| ALEX AND RIA, UA (City) | 22314 Mennah Walker GAVE | |
| E G (City/ | State/Zip) AUTHORIZATION BY PHONE TO CORRECT MGRM. T.LIPS ALIP |) |
| Charld way and to all any and to | DATE BAUGO | / |
| Should you need to call someone concerning this ma | DOC. EXAM | |
| ALT) WILLIAM I ZUBERBUHLER at (70) | 3 \ 836-8092 | |
| | rea Code & Daytime Telephone Number) | |
| | , Name Availability | |
| STREET ADDRESS: | MAILING ADDRESS: Document Examiner | |
| Qualification/Tax Lien Section | Qualification/Tax Lien Section Updater | |
| Division of Corporations 409 E. Gaines St. | Division of Corporations Upcater P.O. Box 6327 Verifyer |) |
| Tallahassee, FL 32399 | Tallahassee, FL 32314 — Acknowledgement | |
| Enclosed is a check for the following amount: | W. P. Verifyer | |
| ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy | . – |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 24, 1999

KENNETH D. WALKER 206 NORTH WASHINGTON STREET, STE 320 ALEXANDRIA, VA 22314

SUBJECT: SCHOLASTIC TESTING SYSTEMS, LLC

Ref. Number: W99000004573

We have received your document for SCHOLASTIC TESTING SYSTEMS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to qualify a foreign limited liability company total \$285.00 and breakdown as follows: \$250.00 filing fee for the application and affidavit and \$35 registered agent designation fee. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$197.50.

We are enclosing the proper form(s) with instructions for your convenience.

Please complete the attached application to qualify a Foreign Limited Liability Company to transact business in Florida, we have retained the Certificate of Status from Virginia in this office.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 699A00008481

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of fo | 2 CA/ C C (C / / / / | | | | | | |
|------------------|---|--------------------|-------------------|---------------------------|----------------|---|---|
| (2 (000000 02 2) | oreign limited liability company | y must end wit | th the word | "limited compa | ny" or their a | bbreviat | ion "L.C." if not |
| | ed in the name at present.) | | | | | | |
| L | ILGINIA n under the law of which foreig | | 3 | 54-19 | 18871 | | |
| (Jurisdiction | n under the law of which foreig organized) | ın limited liabi | ility | (FEI | number, if a | pplicable | e) |
| ompany is | 1-1-0 | | | 0 | | _= | |
| | (Date of Organization) | · | 5 | PERPE Duration: Year I | TUAL | | ny will case to |
| | (Date of Organization) | | e | xist or "perpetua | l") | y compa | ny win cease to |
| | 4/1/99 | | | | | - | |
| | (Date first transacted busin | ness in Florida | . (See section | ons 608.501, 608 | .502, and 817 | 7.155, F. | S.) |
| | 206 NOR | TT+ WH | 15141N | 770N 37. | 50175 | <i>3</i> ₽ o | |
| | | | | | | | |
| | ALTEXANDRI | A, UA | 22 | 3/4 | | | |
| | | (Street ad | dress of pri | ncipal office) | | | |
| | NAME & ADDRESS: | TITL | E: / | NAME & A | DDRESS: | _ | TITLE: |
| | NAME & ADDRESS: | TITL | Em/ | NAME & A | DDRESS: | | TITLE: |
| , | NAME & ADDRESS: KENNETTY D.WALKER | TITL M/s /// | E:M/ | NAME & A | DDRESS: | | TITLE: |
| . , | 1800 HACKAMORE CA | WE | E: RM/ Devi | NAME & A | DDRESS: | | TITLE: |
| . , | | WE | E:m/ | NAME & A | DDRESS: | | TITLE: |
| . , | 1800 HACKAMORG CA ALEXANDRIA, UA | 223 88 | icem/ | NAME & A | DDRESS: | | TITLE: |
| . , | 1800 HACKAMORE CA | 223 88 | icem/ | NAME & A | DDRESS: | | TITLE: |
| . , | 1800 HACKAMORG CA ALEXANDRIA, UA | 223 öğ | icem/ | NAME & A | DDRESS: | = | TITLE: 99 MAR 21 |
| . , | 1800 HACKAMORE CA ALEXANDRIA, UA WILLIAM J. ZUBER 58 WOLFF STREE | 223 88 | icem/ | NAME & A | DDRESS: | = | SECRETARY OF COR |
| . , | 1800 HACKAMORG CA ALEXANDRIA, UA WILLIAM J. ZUBER | 223 88 | icem/ | NAME & A | DDRESS: | | DIVISION OF CORPO |
| . , | 1800 HACKAMORE CA ALEXANDRIA, UA WILLIAM J. ZUBER 58 WOLFF STREE | 223 88 | icem/ | NAME & A | DDRESS: | ======================================= | DIVISION OF CORPO |
| . , | 1800 HACKAMORE CA ALEXANDRIA, UA WILLIAM J. ZUBER 58 WOLFF STREE | 223 88 | icem/ | NAME & A | DDRESS: | = | SECRETARY OF SAMES DIVISION OF CORPORATIONS 99 MAR 24 PM 3: 54 |
| . , | 1800 HACKAMORE CA ALEXANDRIA, UA WILLIAM J. ZUBER 58 WOLFF STREE | 223 88 | icem/ | NAME & A | DDRESS: | = | DIVISION OF CORPO |

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

Commondaealth & Hirginia



State Corporation Commission

I Certify the Following from the Recards of the Commission:

a Virginia Limited Liability Company certificate was filed in this office on November 20, 1998 by SCHOLASTIC TESTING SYSTEMS, LLC.

a certificate of cancellation has not been filed in this office by SCHOLASTIC TESTING SYSTEMS, LLC.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Pate: February 16, 1999

Joel Hikeck

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| SCHOLASTIC TESTING SYSTEMS, LLC | == |
|--|---------------|
| 2. The name and the Florida street address of the registered agent and office are: | |
| ROBERT M HOWARD | <u>-</u> |
| (Name) | |
| 2199 ASTOR STREET, UNIT 402 | = |
| Florida street address (P.O. Box NOT ACCEPTABLE) | _ |
| ORANGE PARK FL 32013 | - |
| City/State/Zip | |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Delit W. Davido

1. The name of the Limited Liability Company is:

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

| The undersigned member or authorized representative of a member of | • 18***- |
|--|----------------|
| SCHOLASTIC TESTING SYSTEMS, (L(certifies: | |
| 1) the above named limited liability company has at least one member; | |
| 2) the total amount of cash contributed by the member(s) is | \$ 1,000,000; |
| 3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and | \$ <u>Ø</u> ; |
| 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.) | \$ 1, 000,000. |
| Hanort Willer | |
| Signature of a member or an authorized representative of a mem (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | ber. |
| KENNETH D. WALKER | |
| Typed or printed name of signee | |

Filing Fee: \$250.00 for Application and Affidavit