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S.D. SEC. OF STATE

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-2797

## APPLICATION FOR CERTIFICATE OF AUTHORIZATION TO PROVIDE POSTSECONDARY EDUCATION

Please mark the appropriate box:

- INITIAL APPLICATION                       CHANGE OF PRIMARY ADDRESS  
 CHANGE OF NAME                               CHANGE IN ADDITIONAL SITES (ATTACHMENT A)  
 CHANGE IN ACCREDITATION                 OTHER CHANGE(S)

1. Name of Applicant (*the institutional name under which postsecondary educational programs are provided*):

Walden University

2. Applicant's Main Address (*Additional sites listed on Attachment A*):

Walden University - 100 Washington Avenue South, Suite 900

(Street Address)

Minneapolis

(City)

MN

(State)

55401

(ZIP Code)

www.waldenu.edu

(Website)

3. Contact Person:

Dr. John A. Sabatini Jr.

(Name)

410-843-8278

(Telephone Number)

john.sabatini@laureate.net

(Email Address)

Divisional Vice President, Institutional Quality and Integrity

(Title)

443-627-7025

(Fax Number)

4. Does the Applicant operate at other sites than the address stated above?     YES     NO

If "YES", please be advised that Attachment A to this Application must be completed, which shall comprise part of this Application, and any subsequent changes to the information provided in Attachment A must be submitted with a revised Application to the Secretary of State Office, within thirty (30) days of such change.

5. Does the Applicant have a parent organization (*non-profit, corporate, or otherwise*)?  YES  NO

If "YES", please indicate the following:

Laureate Education, Inc.

(Parent Organization Name)

650 S. Exeter Street

(Street Address)

Baltimore

(City)

MD

(State)

21202

(ZIP Code)

6. Is the Applicant an instrumentality of the State under the jurisdiction of the South Dakota Board of Regents?

YES  NO

If "NO", please indicate whether the Applicant is either (*check one of the following*):

An instrumentality of another state (please list the state agency which has jurisdiction over Applicant)

State \_\_\_\_\_ Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Contact Website \_\_\_\_\_

Legally established to operate in South Dakota as a private business entity

South Dakota Corporate ID ID#FL0420412

South Dakota Corporate Name Walden University, LLC

Legally established to operate in South Dakota as a not-for-profit corporation.

South Dakota Corporate ID \_\_\_\_\_

South Dakota Corporate Name \_\_\_\_\_

7. Is the Applicant accredited by an accrediting agency recognized by the United States Department of Education?

YES

Accrediting Agency: Higher Learning Commission (HLC)

230 South LaSalle Street, Suite 7-500

(Street Address)

Chicago

(City)

IL

(State)

60604

(ZIP Code)

Effective date of most recent grant of accreditation: 2012-2013  
Term or expiration date of most recent accreditation: 2022-2023

NO Application submission must include documentation of an affiliation agreement whose terms make another postsecondary institution, which is accredited by an accrediting agency recognized by the United States Department of Education, responsible for awarding academic credit and educational credentials to its students and maintaining transcripts for such students:

The undersigned acknowledges that Applicant is required to notify the Secretary of State Office within thirty (30) days of a change in information set forth in this Application, including any changes in information set forth in any Attachments or other accompanying information. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein, and in support thereof, is true and correct.

The application must be signed by an authorized officer of the postsecondary educational institution:

Dated 11-18-2013

  
\_\_\_\_\_  
(Signature of an authorized officer)  
**Dr. John Sabatini, Jr.**  
\_\_\_\_\_  
(Printed name)  
Divisional Vice President, Institutional Quality and Integrity  
\_\_\_\_\_  
(Title)

**Submit Application to:**  
South Dakota Secretary of State  
Corporations Division  
500 East Capitol, Suite 204  
Pierre, SD 57501

Or email us at:  
[SOS.EDU@state.sd.us](mailto:SOS.EDU@state.sd.us)

### **Exemptions**

If the institution falls under one or more of the following categories, the institution is exempt from registering.

- Established by the government of the United States;
- Established by the government of an Indian tribe whose tribal lands are located, in whole or in part, in South Dakota;
- Established, owned, controlled, operated, and maintained by a religious organization lawfully operating as a nonprofit religious corporation and awarding only religious degrees or certificates for the purpose of conferring clerical status or authority within that religion; or
- Subject to the jurisdiction and regulations to the South Dakota Cosmetology Commission.

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE

### Certificate of Authority Foreign LLC

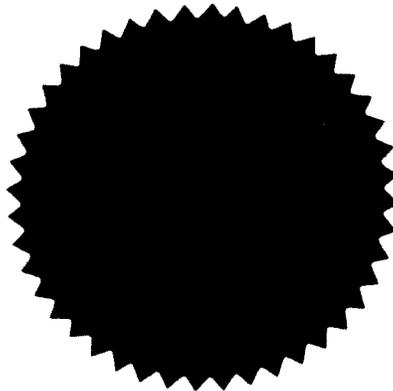
ORGANIZATIONAL ID# FL042041

**I, Jason Gant**, Secretary of State of the State of South Dakota, hereby certify that the Certificate of Authority of

WALDEN UNIVERSITY, LLC

duly signed and verified, have been received in this office and are found to conform to law.

**ACCORDINGLY**, and by virtue of the authority vested in me by law, I hereby issue this Certificate of Authority and attach hereto a duplicate of the Certificate of Authority.



**IN TESTIMONY WHEREOF**, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this 09/19/2013.

**Jason M. Gant**  
Secretary of State

9/19/2013 12:43:19 PM  
Change ID: 661

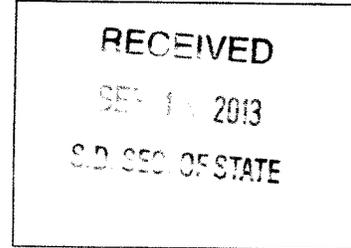
Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

# APPLICATION FOR CERTIFICATE OF AUTHORITY FOREIGN LIMITED LIABILITY COMPANY

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy

**FILING FEE: \$750** payable to SECRETARY OF STATE



Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_

Filed this 19<sup>th</sup> day of Sept, 2013  
*[Signature]*  
SECRETARY OF STATE

Application must be accompanied by a one page original certificate of existence issued by the Secretary of State or other official having custody of the organizational records in the state or country under whose law it is organized.

1. The name of the company is

Walden University, LLC

The name must include limited liability company, limited company or the abbreviation L.L.C., LLC, L.C. or LC. Limited may be abbreviated as Ltd and company may be abbreviated as Co.

2. The name of the state or country under whose laws it is organized is Florida

3. The period of its duration Perpetual

4. The address of its principal office (this is the address of the executive offices of the corporation).

650 S. Exeter Street Baltimore MD 21202  
Street Address City State ZIP+4

650 S. Exeter Street Baltimore MD 21202  
Mailing Address (Optional) City State ZIP+4

5. The South Dakota Registered Agent name Capitol Corporate Services, Inc.

300 S Phillips Ave Ste 300 Sioux Falls SD 57104  
Street Address or Rural Route Box Number in This State and City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

When listing a Commercial Registered Agent, please state their CRA #.  
This number can be obtained from the Commercial Registered Agent.

CR 000008

6. Please check one.

- The company is member managed.  
 The company is manager managed.

If this company is manager managed, please state the name and address of each manager.

See attached schedule

Manager	Street Address	City	State	ZIP+4
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Manager	Street Address	City	State	ZIP+4
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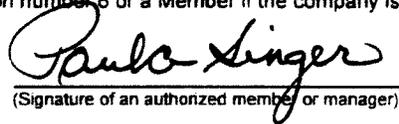
Manager	Street Address	City	State	ZIP+4
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7. Whether one or more of the members of the company are to be liable for its debts and obligations under a provision similar to SDCL 47-34A-303 (c)

N/A

The application must be signed by a Manager so stated in question number 6 or a Member if the company is member managed.

Dated 9-16-2013

  
\_\_\_\_\_  
(Signature of an authorized member or manager)

Paula Singer

\_\_\_\_\_  
(Printed Name)

Manager

\_\_\_\_\_  
(Title)

**By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.**

**Walden University, LLC  
Schedule of Managers**

<b>Name</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Paula Singer	650 S. Exeter Street	Baltimore	MD	21202
Sean R. Creamer	650 S. Exeter Street	Baltimore	MD	21202
Donna M. Dorsey	650 S. Exeter Street	Baltimore	MD	21202
William G. Durden	650 S. Exeter Street	Baltimore	MD	21202
Charles O. Heller	650 S. Exeter Street	Baltimore	MD	21202
Jonathan Kaplan	650 S. Exeter Street	Baltimore	MD	21202
John E. Kobara	650 S. Exeter Street	Baltimore	MD	21202
Anita McDonald	650 S. Exeter Street	Baltimore	MD	21202
Lee McGee	650 S. Exeter Street	Baltimore	MD	21202
Estanislado Y. Paz	650 S. Exeter Street	Baltimore	MD	21202
Barbara Solomon	650 S. Exeter Street	Baltimore	MD	21202

# *State of Florida Department of State*

I certify from the records of this office that WALDEN UNIVERSITY, LLC, is a limited liability company organized under the laws of the State of Florida, filed on April 1, 2009, effective August 28, 1992.

The document number of this company is L09000031621.

I further certify that said company has paid all fees due this office through December 31, 2013, that its most recent annual report was filed on February 26, 2013, and its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Eighteenth day of September,  
2013*



*Ken Detjmer*  
**Secretary of State**

Authentication ID: CU2598298752

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>