Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (950)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email

Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION

Madison Logic, Inc.

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | Ð        |
| Page Count            | 05       |
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K. SALY

OCT 20 2016

## COVER LETTER

| TO: Registration Section<br>Division of Corporations  |                    |  |   |  |
|---|--------------------|--|---|--|
| Madison Logic, Inc.   |                    |  |   |  |
| SUBJECT: Nan  | ne of corporation  | - must include suffix  |   |  |
| Dear Sir or Madam:  |                    |  |   |  |
| The enclosed "Application by Foreign "Certificate of Existence," or "Certific above referenced foreign corporation to   | ate of Good Stat   | nding" and check are sul   | act Business in Florida,"<br>bmitted to register the      |  |
| Please return all correspondence conce<br>Ivy M. Shapiro, Paralegal   | rning this matte   | r to the following:  |   |  |
| -   | Name of            | Person   |   |  |
| Blank Rome LLP  |                    |  |   |  |
| One Logan Square  | Firm/Con           | pany   |   |  |
| Philadelphia, PA 19103  | Addr               | ess  |   |  |
| mchowdhury@madisonlogic.com   | City/State a       | nd Zip code  |   |  |
| E-mail addre  | ess: (to be used t | or future annual report i  | notification)   |  |
| For further information concerning this   | matter, please o   | all:   |   |  |
| Ivy M. Shapiro  | 215                | 569-5784   | 569-5784  |  |
| Name of Person  | at (Area Cod       | Daytime Telep  | hone Number   |  |
| STREET/COURIER ADDRE<br>Registration Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center Circle<br>Tullahassee, FL 32301<br>Enclosed is a check for the following an |                    | MAILING A<br>Registration S<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, F | lection<br>prporntions<br>7                               |  |
| □ \$70.00 Filing Fee □ \$78.75 Fili   |                    | \$78.75 Filing Fee &<br>Certified Copy   | S87.50 Filing Fee. Certificate of Status & Certified Copy |  |

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSAC BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Madison Logic, Inc. (Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp," "[nc," "Co," or "Curp,"): (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware (State or country under the law of which it is incomprated) (FE) number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) 10/07/2015 (Date first transported business in Florida, if prior to registration) (SEE SECTIONS 607:1501 & 607:1502, Fis., to determine penalty liability) 257 Park Avenue South, 5th Floor, New York, NY 10010 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CF Corporation System 1200 South Pine Island Road Office Address: Plantation

## 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

| CT Corporation System  By: | Steven P. Zimmer                                     |
|----------------------------|--|
|                            | Assistant Vice President gistered agent's signature) |

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to defivery of this application to the Department of State; by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated,

|  | 2016 OCT 19 AM 10:  |
|--|---|
| 11. Names and business addresses of officers and/or directors:   | 1855 AMIDE  |
| A. DIRECTORS   | ATTAMASSE OF STAN   |
| Chairman: Erik Mattick   | 1. (1.69)/.   |
| 6330 Allison Road, Miami Beach, FL 33141   |   |
| Vice Chairman:   |   |
| Address:   |   |
| Director   |   |
| Address:   |   |
| Director:  |   |
| Address:   |   |
| B. OFFICERS  |   |
|  |   |
| 6330 Allison Road Address:   |   |
| Miami Beach, FL 33141  |   |
| Vice President: None   |   |
| Address:   |   |
| Erik Maffick Secretary:  |   |
| 6330 Allison Road, Minuri Beach, Ft. 33141   |   |
| Erik Matlick<br>Treasurer:   |   |
| 6330 Allison Road, Miami Beach, Ft. 33141<br>Address:  |   |
| NOTE: If necessary, you may attach an addendum to the application listing a  12.  Signature of Director or Officer   | dditional officers and/or directors.  |
| Signature of Director or Officer   | along a l'Emme that the Fount stated basels   |
| The officer or director signing this document (and who is listed in number 11) are true and that he or she is aware that false information submitted in a document third degree felony as provided for in \$.817,155, F.S.  Byik Matlick, President, Secretary and Treasurer | above) attirms that the facts stated herein nent to the Department of State constitutes |



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MADISON LOGIC, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

3832030 8300

SR# 20166263496

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

Authentication: 203184437

Date: 10-19-16