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(Document Number)				
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Special Instructions to	Filing Officer:			
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Vertigo Media, Inc.	
Name of corpora	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact bu	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	atter to the following:
Barbara Smovrsnik/Hal Eason	
Name	of Person
Vertigo Media, Inc.	
Firm/C	Company
14835 Ballantyne Village Way, Suite 225	
A	ddress
Charlotte, NC 28277	
City/Sta	te and Zip code
Hal@vertigomusic.com	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, plea	ise call:
Barbara Smovrsnik at (704) 307-5662
Name of Person Area	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ■ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Vertigo Media, I	nc.			
	orporation; must include "INCORPORA orp," "Inc," "Co," or "Corp.")	TED," "Co	OMPANY," "CORPORATION."	
(If name unavails	able in Florida, enter alternate corporate	name adon	ed for the numose of transacting hus	iness in Florida)
•	ibie in Fronta, enter anemate corporate	·		niess in Prorida)
2. Delaware		3. <u>45-4</u>		,
(State or countr	y under the law of which it is incorporate	cd)	(FEI number, if applicab	ne)
4. 3/15/12		5	(Date of duration, if other than p	
(Date	of incorporation)		(Date of duration, if other than p	perpetual)
6.	6			
·			ida, if prior to registration)	
	(SEE SECTIONS 607.1501 &	607.1502, 1	F.S., to determine penalty liability)	Ì
7, 14835 Ballantyne	Village Way, Suite 225, Charlotte NC	28277		1
			fice address)	
				,
_	(Current	mailing ad	dress, if different)	
		_		1.
8 Name and stree	et address of Florida registered agent	r (P.O. Bo	ox NOT accentable)	5 7
o. Manie and <u>street</u>	or i forfat regionered agent	(1.0. 5.	<u></u> 2000p.ao.to)	4 6
Name:	Registered Agent Inc.		-	2
O.C	155 Office Blove Drive Suite A			7:10h
Office Address:	155 Office Plaza Drive, Suite A		-	₹. ‡
	Tallahassee		, Florida <u>32301</u>	· •
	(City)		(Zip code)	[
	ent's acceptance: led as registered agent and to accep	e camiaa a	f process for the above stated so	noration at the plac
	ea as registered agent and to accept application, I hereby accept the ap			
	omply with the provisions of all sta			
duties, and I am J	familiar with and accept the obligat	tions/of my	position as registered agent.	
		// _		ļ
	alden ,		Adam Caldada Ares Can	
_	creating of		Adam Saldaña, Asst. Sec	reday
_	(Regi	stered agen	's signature)	ľ

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery 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.

11. Names and business add	resses of officers and/or directors:	
A. DIRECTORS	See Attached Addendum of Vertigo Officers	
Chairman:		
Address:		
Vice Chairman:		
Address:		
Director:		
Address:		
	<u> </u>	
Director:		
Address:	<u> </u>	
B. OFFICERS		
President:		<u>.</u>
Address:		
	- 49	
Vice President:		
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary you m	ay attach an addendum to the application listing additional officers and/or directors.	
	Signature of Director or Officer	
The officer or director signir	Signature of Director or Officer g this document (and who is listed in number 11 above) affirms that the facts stated herei	n
	aware that false information submitted in a document to the Department of State constitut	
13. Hal Eason	Treasurer and Director	
	ped or printed name and capacity of person signing application)	



Vertigo Media, Inc. 14835 Ballantyne Village Way, Suite 2**2**5 Charlotte NC 282**7**7

Vertigo Media, Inc. Officers

President and Chairman

Greg Leekley 14835 Ballantyne Village Way, Suite 225 Charlotte, NC 28277

Secretary

David Savenok 700 N. Summit St. Wheaton, IL 60187

Treasurer

Hal Eason

Board of Directors

Greg Leekley 14835 Ballantyne Village Way, Suite 225 Charlotte, NC 28277

Hal Eason 14835 Ballantyne Village Way, Suite 225 Charlotte, NC 28277

Alex Savenok 809 Main Street Grandview, MO 64030

Kyle Young 1920 Cleveland Avenue, Suite B Charlotte, NC 28203

Peter Travers 47 Hulfish Street, Third Floor, Suite 330 Princeton, NJ 08542

Scott Borchetta 1221 16th Avenue S. Nashville TN 37212

Scott Casto 500 W Monroe Street #2630 Chicago IL 60661

Rev. 10/19/17

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<u>Delaware</u>

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VERTIGO MEDIA, 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

2017.

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

OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF OCTOBER, A.D.

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

Jeffrey W Bulback, Secretary of State

5126261 8300 SR# 20176696709 Authentication: 203426453

Date: 10-19-17