Florida Department of State

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FOREIGN PROFIT/NONPROF於 CORPORATION HC2 Station Group, Inc.

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S. WARREN FEB 1 2 2018

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.

| (If name unavail | able in Florida, enter alternate corporate name | adopted for the purpose of transact | ing business in Florida) |
|--|--|--|--|
| Delaware | . 3 | 82:30107G: | |
| (State or count | ry under the law of which it is incorporated) | (FEI number, if a | applicablé) |
| 10/4/17 | , | | |
| (Date | of incorporation) | (Date of duration, if other | er than perpetual) |
| | | | |
| | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.1 | n Florida, if prior to registration) 502, F.S., to determine penalty liab | ility) |
| 150 Park Avenue | , 30th Floor, New York, NY 10022. | | |
| | (Princi | pal office address) | · |
| | | | |
| | · · | | <u> </u> |
| | (Current maili | ng address, if different) | |
| | ·. · | | FEB F |
| Name and stre | et address of Florida registered agent: (P. | | 12 12 12 12 12 12 12 12 12 12 12 12 12 1 |
| Name and <u>stre</u> Name: | ·. · | | 12 |
| Name: | et address of Florida registered agent: (P. | | TILED 12 PM ARY OF ASSECTE |
| Name: | et address of Florida registered agent: (P. C T Corporation System | D. Box NOT acceptable) | 12 |
| Name: | et address of Florida registered agent: (P.6 C T Corporation System 1200 South Pine Island Road | | TILED I 2 PH 4: ARY OF STA SSECL FLOO |
| Name: | et address of Florida registered agent: (P. C T Corporation System 1200 South Pine Island Road Plantation (City) | O. Box <u>NOT</u> acceptable) , Florida 33324 | TILED I 2 PH 4: ARY OF STA SSECL FLOO |
| Name: fice Address: Registered ag | ct address of Florida registered agent: (P. CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: | O. Box NOT acceptable) , Florida 33324 (Zip code) | TILED I 2 PM 4: \$1 ARY OF STATE SSEE, FLORIDA |
| Name: fice Address: Registered ag wing been nam lignated in thi | ct address of Florida registered agent: (P. C T Corporation System 1200 South Pine Island Road Plantation (City) cut's acceptance: med as registered agent and to accept serves application, I hereby accept the appoint. | D. Box NOT acceptable) , Florida 33324 (Zip code) ice of process for the above standard agent and agent agent and agent agent and agent age | IZ PR LED ARY OF STATE Led corporation at the playere to act in this capacit |
| Name: fice Address: Registered agiving been namelgnated in this | et address of Florida registered agent: (P. C T Corporation System 1200 South Pine Island Road Plantation (City) cut's acceptance: med as registered agent and to accept serves application, I hereby accept the appoint comply with the provisions of all statutes. | O. Box NOT acceptable) , Florida 33324 (Zip code) ice of process for the above stance as registered agent and acceptable to the proper and compressive to the proper and comp | IZ PR LED Led corporation at the playere to act in this capacitate performance of my. |
| Name: fice Address: Registered agaving been nam signated in this rther agree to | ct address of Florida registered agent: (P. C T Corporation System 1200 South Pine Island Road Plantation (City) cut's acceptance: med as registered agent and to accept serves application, I hereby accept the appoint. | O. Box NOT acceptable) , Florida 33324 (Zip code) ice of process for the above standard as registered agent and agrelative to the proper and comply my position as registered age | IZ PR LED Led corporation at the playere to act in this capacitate performance of my. |
| Name: fice Address: Registered agiving been names signated in this other there agree to determine the signated in the signated | ct address of Florida registered agent: (P. C. T. Corporation System. 1200 South Pine Island Road Plantation (City) cent's acceptance: med as registered agent and to accept serves application, I hereby accept the appoint comply with the provisions of all statutes familiar with and accept the obligations of C. T. Corporation S. | O. Box NOT acceptable) , Florida 33324 (Zip code) ice of process for the above standard as registered agent and agrelative to the proper and comply my position as registered age | IZ PR LED Led corporation at the playere to act in this capacitate performance of my. |

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. Nam | es and business addresses of officers and/or directors: | | | | | | |
|---|---|------------------|--|--|--|--|--|
| | CTORS | | | | | | |
| Chnirman | Philip A. Eulcone | | | | | | |
| Address: | 450 Park Avenue, 30th Floor | | | | | | |
| | New York, NY 10022 | | | | | | |
| Vice Chai | rman: | | | | | | |
| | | | | | | | |
| | •• | | | | | | |
| Director: | Michael J. Sena | | | | | | |
| Address: | 450 Park Avenue, 30th Floor | | | | | | |
| | New York, NY 10022 | | | | | | |
| Director: | | | | | | | |
| Address: | | 三 48 3 | | | | | |
| | | | | | | | |
| B. OFF | ICERS | FIL 12 | | | | | |
| President | Philip A. Falcone | | | | | | |
| Address: | 450 Park Avenue 30th Floor | | | | | | |
| | New York, NY 10022 | | | | | | |
| Vice Pres | ident: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Secretary | Jeanne E. Rouleau | | | | | | |
| Address; | 450 Park Avenue, 30th Floor, New York, NY 10022 | | | | | | |
| Treasurer | Ivan Minkov, CFO | · | | | | | |
| Address: | 450 Park Avenue, 30th Floor, New York, NY 10022 | | | | | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. | | | | | | | |
| 12. Janne C Nouleau | | | | | | | |
| Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. | | | | | | | |
| I3. Jean | 13. Jeanne E. Rouleau, Secretary | | | | | | |

(Typed or printed name and capacity of person signing application)

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SCHEDULE A TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

HC2 STATION GROUP, INC.

Additional Officer:

Les B. Levi Chief Operating Officer 450 Park Avenue, 30th Floor New York, NY 10022

18 FEB 12 PM LA BI



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HC2 STATION GROUP, 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 EIGHTH DAY OF FEBRUARY, A.D. 2018.

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.

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6568628 8300
SR# 20180849584
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202118277

Date: 02-08-18