## F21000004055

	(Requestor's Name)	
1	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	P WAIT MAI	L
	(Business Entity Name)	
	(Document Number)	
ertified Copies	Certificates of Status	
Special Instructions	s to Filing Officer:	
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	07/19/2021	
Name:	Jennifer Bialowas	_
	#:1421928	_
Entity Nam	ne:NEWCOM	MEDIA USA LLC
✓ Artic	cles of Incorporation/Authorization	to Transact Business
☐ Ame	endment	
☐ Cha	inge of Agent	
Reir	nstatement	
Con	version	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Ficti	tious Name	
✓ Othe	erUpon filing ple	ase provide a certified copy
Authorized	Amount: 78.75	
Signature:	Gh.	

## **COVER LETTER**

TO:	Registration Sect Division of Corpo				
SUBJ	ECT:	1	NEWCOM ME	DIA USA INC.	
		Name of	corporation - mu	ist include suffix	- <u>-</u> -
Dear S	Sir or Madam:				
''Certi	nclosed "Applicatio ficate of Existence, referenced foreign	or "Certificate of	Good Standing	" and check are subi	t Business in Florida." nitted to register the
Please	return all correspon	ndence concerning	this matter to th	ne following:	
		KEV	N HERN, JR.	, ESQ.	
			Name of Perso	on	
		RIEMER	R & BRAUNS	TEIN LLP	
			Firm/Company		
		100 CAMBRIC	GE STREET	, 22ND FLOOR	
			Address		
		ВО	STON, MA 02	2114	
	<del>-</del>		City/State and Zi		
		KHERN	@RIEMERLA	NW.COM	
-			_	ture annual report no	otification)
For fur	ther information co	ncerning this matt	er, please call:		
	KEVIN HER	N at	(617)	880-35	54
	Name of Person		Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
. \$70	.00 Filing Fee .	_: \$78.75 Filing Fo Certificate of S		.75 Filing Fee & tified Copy	S87.50 Filing Fee. 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.	NEWCOM MEDIA USA INC.	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc," "Co.," or "Corp.")	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2.	DELAWARE 3	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	MARCH 3, 2016 <sub>5</sub>	
٠.	MARCH 3, 2016 5. (Date of incorporation) (Date of duration, if other than perpetual)	
6.		
0.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7	1275 GULF SHORE BLVD, SUITE 601, NAPLES, FLORIDA 34102	
•	(Principal office address)	
	(Current mailing address, if different)	
8.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
	Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  Name: COGENCY GLOBAL INC.  115 North Calhoun Street, Suite 4	_ , :
Οſ	ice Address.	25
	Tallahassee Florida 32301 (City) (Zip code)	•
	(City) (Zip code)	
He de, fui	Registered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated corporation at the policy been named as registered agent and to accept the appointment as registered agent and agree to act in this capacitated in this application, I hereby accept the appointment as registered agent and agree to act in this capacitater agree to comply with the provisions of all statutes relative to the proper and complete performance of my ies, and I am familiar with and accept the obligations of my position as registered agent.	ity. I
	Karen McKegwon	
	(Registered agent's signature)	

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 addresses of officers and/or directors. A. DIRECTORS Chairman: \_\_\_\_\_ Address: Vice Chairman: Address: \_\_\_\_ Director: \_\_\_ Address: \_\_ B. OFFICERS Joe Glionna Address: SUITE 400, 5353 DUNDAS STREET WEST, TORONTO, ONTARIO, CANADA M9B6H8 Vice President: \_\_\_\_\_ Secretary: Address: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Joe Glionna

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

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NEWCOM MEDIA USA 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 JULY, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEWCOM MEDIA USA INC." WAS INCORPORATED ON THE THIRD DAY OF MARCH, A.D. 2016.

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

Authentication: 203704208

Date: 07-19-21

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