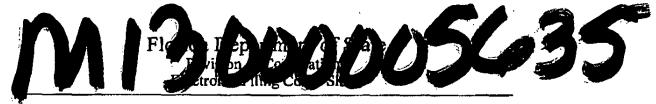
Division of Corporations

Page 1 of 1



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.

(((H13000198305 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)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: | |
|-------|----------|--|

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Foreign Limited Liability Company CAPTIVATE, LLC

| Certificate of Status | . 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

!SEP 0 9 2013

Help

D. BRUCE

| | COVER LETTER | |
|--|---|------------------------|
| FO: Registration Section Division of Corporations | | |
| Captivate, | LLC | •. |
| | Name of Limited Liability Company | • |
| | n Limited Liability Company for Authorization to Transact Business in Floric register the above referenced foreign limited liability company to transact be | |
| Please return all correspondence cone | perning this matter to the following: | • |
| • | • | |
| | Name of Person | - · |
| | Firm/Company | |
| | Addross | |
| | | 3358 3388 3 A 88 |
| | City/State and Zip Code | 15 20 11.5 31 |
| E-i | mail address: (to be used for future annual report notification) | |
| | ot (| |
| Name of P | erson Area Code & Daytime Telephone Number | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | STRET ADDRESS: Division of Corporations Registration Section Cliffon Building 2661 Executive Center Circle Tellahassee, F1. 32301 | |
| Enclosed is a check for the following Pee Compared to the following Pee Compared to the follow | owing amount: 1 \$130.00 Filing Fee & \$\ \$160.00 Filing Fee Ceptificate of Status Ceptified Copy of Status & Ceptification Continued Copy of Status & Ceptification Copy of Status & Ceptin | |
| | l \$130.00 Fiting Fee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

| TRANSACT BU | SII | NESS IN FLORIDA | | |
|---|------------------|---|---------------------|---|
| IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUL LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TO | | | <i>REIG</i> V | |
| 1 Captivate, LLC | | | _ | |
| (Name of Foreign Limited Liability Company; must inc | vde | "Limited Liability Company," "L.L.C.," or "LLC.") | • | |
| (If name unavailable, enter alternate name adopted for the purp | ńĸe | infirmacting business in Florida and attach a conv of the v | witten | |
| consent of the managers or managing members adopting the alt Company, ""L.L.C," "LLC," | | | | |
| 2 Delaware | 3. | 46-3207027 | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | ٥. | (FEI number, if applicable) | • | |
| 4 07/16/2013 | 5. | perpetual | | |
| (Date of Organization) | • | (Duration: Year limited liability company will cease to exist or "perpetual") | • | |
| 6 Upon filing | | | | |
| (Date first transacted business in I (See sections 608,501 & 608,502 F. | lori S. I | ida, if prior to registration.) o determine penalty liability) | , | |
| 7. 2 Executive Drive, Suite 301 | ٠, | Pir Strain | | |
| Chelmsford, MA 01824 | | | SEP | |
| (Street Addre | 22 Ç | f Principal Office) | , 'o | |
| 8. If limited liability company is a manager-manage | d c | ompany, check here | ار ا | |
| 9. The name and usual business addresses of the ma | นาล _เ | ging members or managers are as follows: | | |
| Gannett Satellite Information Netv | ۷O | rk, Inc 원s | | ę |
| 7950 Jones Branch Drive | | 3 50 | [ျ] ယ - | |
| McLean, VA 22107 | | | • | |
| 10. Attached is an original certificate of existence, no more than the jurisdiction under the law of which it is organized. (A photoc translation of the certificate under eath of the translator must be s | ထျာ | y is not acceptable. If the certificate is in a foreign language, a | scords în | |
| 11. Nature of business or purposes to be conducted | or : | promoted in Florida: | Į. | |
| butumention, weather, sports and customer side relating to a natural kel view | | e e e e e e e e e e e e e e e e e e e | • , _• | |
| alex Entoth | سند | | | |
| Signature of a member or an a | aut) | horized representative of a member. | | |
| penalties of perjury that the facts stated herein are | truo tes s | tion of this document constitutes an affirmation under the . I am newere that any false information submitted in a a third degree follony as provided for in s.817.155, F.S.) GISON | | • |

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| If unavailable, the alternate to be used in the state of Florida is: | | | |
|--|-------------|------------------|------------|
| 2. The name and the Florida street address of the registered agent and office are: | | 2016 | cost/le |
| C T Corporation System | | SEP | enson § |
| (Name) | SSA SANS | 9- | Par A |
| 1200 South Pine Island Road | |)))) | T |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | SE | = | - |
| Plantation. 33324 | 틀핆 | 23 | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

City/State/Zip

Sharon R. Kresz Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (aptional)
\$ 5.00 Certificate of Status (aptional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CAPTIVATE, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING
AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE
SHOW, AS OF THE FIFTH DAY OF SEPTEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5368190 8300

131058248

You may varify this cortificate onlin at corp. delaware.gov/euthver.shtml Jeffrey W. Bullock, Secretary of State

THENTS CATION: 0713939

DATE: 09-05-13