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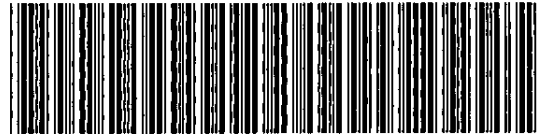
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**DATE: 4/16/14**

**NAME: CABELL EANES, LLC**

**TYPE OF FILING: APPLICATION**

**COST: 155.00**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*AbbieHodge*

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Cabell Eanes, LLC**  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tara Morales  
Name of Person  
Capitol Services - Corporate Filings Team  
Firm/Company  
800 Brazos Ste 400  
Address  
Austin TX 78701  
City/State and Zip Code  
Fulton.Chung@interpublic.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Tara Morales at ( 800 ) 345-4647  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Cabell Eanes, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Virginia (Jurisdiction under the law of which foreign limited liability company is organized) 3. 54-0479821 (FBI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S., to determine penalty liability))

5. 1 Shockoe Plaza, Richmond VA 23219 (Street Address of Principal Office)

6. c/o IPG, 1114 Ave of the Americas, 19th, New York, NY 10036 (Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Andrew Bonzani, Manager, 1114 Ave of the Americas, 19th, New York, NY 10036

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Handwritten signature of Andrew Bonzani

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, and I am aware that any 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.)

Andrew Bonzani

Typed or printed name of signee

FILED 2014 APR 16 PM 1:24 DEPARTMENT OF STATE TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Cabell Eanes, LLC

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:

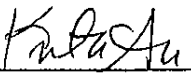
Capitol Corporate Services, Inc.  
(Name)

155 Office Plaza Dr. Ste A

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee FL 32301  
City/State/Zip

*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 605, Florida Statutes.*

  
(Signature)

Krista All, Asst. Secretary on  
behalf of Capitol Corporate Services, Inc.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

*I Certify the Following from the Records of the Commission:*

That Cabell Eanes, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is November 30, 2008; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:  
April 15, 2014*

*Joel H. Peck*

*Joel H. Peck, Clerk of the Commission*