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(Re	equestor's Name)				
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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SECRETARY OF STAFF

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: CROSSKNOWLEDG	SE INC.
	ion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	tanding" and check are submitted to register the
Please return all correspondence concerning this ma	tter to the following:
Hervé Linder	
Name	of Person
Ernst & Linder LLC	
Firm/C	ompany
17 Battery Place, Suite 1307	
Ad	dress
New York, NY 10004	
City/State	e and Zip code
corporateservices@el-law.com	<u>. </u>
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	se call:
Hervé Linder, Esq. at (212	488-1672 ea Code & Daytime Telephone Number
Name of Person Are	ea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing 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 & Certified Copy ☐ \$87.50 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.

(Enter name of c	Orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,	" "COMPANY," "CORPORATION,"		
2. Delaware (State or country 4. May 16, 2) (Date	under the law of which it is incorporated)	3.	adopted for the purpose of transacting business in Florida 45-5596853 (FEI number, if applicable) perpetual (Duration: Year corp. will cease to exist or "perpetual"		
^{6.} _{7.} 1115 Broa		7.15	Florida, if prior to registration) 602, F.S., to determine penalty liability) 111	_	
Navy Vanle	(Principal office a	dd	ress)		
	, NY 10010 (Current mailing a	ıdd	ress)	15 MAY	DIVISION
8. E-Learnin	of corporation authorized in home state or			=	20 X
•	et address of Florida registered agent: (£ 9.	CORPORATIONS
Name:	Interstate Agent Services	L	<u>LC</u>	56	TIONS
Office Address:	1540 Glenway Drive				97
	Tallahassee (City)		, Florida 32301 (Zip code)		

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

^{11.} 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Director: Mickael Ohana Address: 1115 Broadway, 11th Floor, Suite 1111 New York, NY 10010 **B. OFFICERS** President: Mickael Ohana Address: 1115 Broadway, 11th Floor, Suite 1111 New York, NY 10010 Vice President: Address: _____ Secretary: Hervé Linder Address: 17 Battery Place, Suite 1307, New York, NY 10004 Treasurer: Mickael Ohana Address: 1115 Broadway, 11th Floor, Suite 1111, New York, NY 10010 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 12 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. 14. Hervé Linder, Corporate Secretary

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CROSSKNOWLEDGE 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 THIRTEENTH DAY OF MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CROSSKNOWLEDGE INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF MAY, A.D. 2012.

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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Jeffrey W. Bullock, Secretary of State AUTHENTYCATION: 0425863

DATE: 05-13-13

You may varify this certificate online at corp.delaware.gov/authver.shtml