

F1500000 1219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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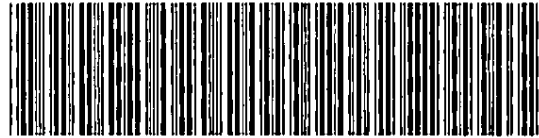
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FEB 28 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Cogint, Inc.  
Name of Corporation

DOCUMENT NUMBER: F15000001219

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ryan McCarthy

Name of Contact Person

Fluent, Inc.

Firm/Company

33 Whitehall Street, 15 Fl

Address

New York, NY 10004

City/State and Zip Code

rmccarthy@fluentco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan McCarthy

Name of Contact Person

at ( 646 ) 356-8468

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$35.00 Filing Fee

☐

\$43.75 Filing Fee &  
Certificate of Status

☐

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☒

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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(Title of person signing)

# Delaware

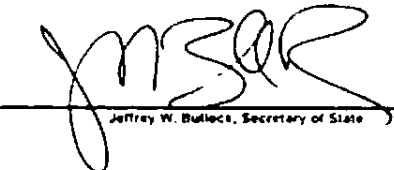
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLUENT, 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 SIXTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLUENT, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF MARCH, A.D. 2015.

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



Jeffrey W. Bullock, Secretary of State

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