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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Thinkmap, Inc.					
DODDECT:	Name of corporation	- must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporation	tificate of Good Stand	ding" and check are sub			
Please return all correspondence co	oncerning this matter	to the following:			
Michael Freedman					
	Name of F	erson			
Thinkmap, Inc.					
	Firm/Comp	oany	 (
599 Broadway, 9th Floor			200 200 200 200		
New York, NY 10012	Addre	ss	AUG I		
City/State and Zip code					
ar@vocabulary.com E-mail a	iddress: (to be used for	or future annual report r	notification)		
For further information concerning	this matter, please ca	all:	0 2 2 2 3 3 3 3 3 3 3 3 3 3		
Michael Freedman	fichael Freedman at (212) 285-8600				
Name of Person	Area Code	Daytime Telepl	hone 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			
	5 Filing Fee & Grate 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.

1.	Thinkmap, Inc.						
		orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATIO	N,"			
	Vocabulary.com						
	(If name unavaila	ible in Florida, enter alternate corporate name adop	oted for the purpose of transacting	ng business in Florida)			
2.	New York	3					
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)				
4.		5					
	(Date	of incorporation) 5	(Date of duration, if other	than perpetual)			
6.							
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)							
	500 D 1 0	,	r.s., to determine penalty fraon	nty)			
7. 599 Broadway, 9th Floor, New York City, NY 10012							
	(Principal office address)						
	(Current mailing address, if different)						
		(52.5.0		AUG AUG			
8.	Name and stree	et address of Florida registered agent: (P.O. B	ox NOT acceptable)	JG 16 F			
The state of the s							
	Name:	Corporation Service Company	_				
Of	ffice Address:	1201 Hays Street	_	STATE LORIDA			
		Tallahassee	_ , Florida <u>32301</u>				
		(City)	(Zip code)				

9. 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.

By: Corporation Service Company

Holly Jones
Assistant Vice President

(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: Michael Freedman Address: 599 Broadway, 9th Floor, New York, NY 10012 Vice Chairman: N/A Address: Director: Andrew Vogel 19 West 44th Street, 18th Floor, New York, NY 10036 Marc Tinkler 599 Broadway, 9th Floor, New York, NY 10012 B. OFFICERS President: Marc Tinkler Address: 599 Broadway, 9th Floor, New York, NY 10012 Vice President: Michael Freedman Address: 599 Broadway, 9th Floor, New York, NY 10012 Secretary: Michael Tremonte Address: 80 Broad Street, Suite 1301, New York, New York 10004 Treasurer: Michael Freedman Address: 599 Broadway, 9th Floor, New York, NY 10012 NOTE: If necessary, you paky 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.

Marc Tinkler - President

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of THINKMAP, INC. was filed on 06/16/1997, under the name of PLUMB DESIGN, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment PLUMB DESIGN, INC., changing its name to THINKMAP, INC., was filed 12/29/2005.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 08th day of August two thousand and sixteen.

Executive Deputy Secretary of State

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