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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEC 05 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stagwell Technologies, INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MARK A. Smith
Name of Person
Smith Mustille, LLC
Firm/Company
2200 Pennsylvania Ave, NW 400 East
Address
Washington, DC 20037
City/State and Zip code
masmith@smithmustille.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK A. Smith at (301) 325-8388
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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.

1. Stagwell Technologies, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware, USA 3. 45-2199672
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. ~~April 29, 2011~~ April 29, 2011 5. _____
(Date of incorporation) (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)

7. 95 Merrick Way, Third Floor, Coral Gables, FL
(Principal office address) 33134

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Peter L. Correll

Office Address: 3737 Collins Ave, #1603
Miami Beach, Florida 33140
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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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.

Peter L. Correll

(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: Peter L. Corsell
Address: 95 Merrick Way, Third Floor, Coral Gables, FL 33134

Vice Chairman: Richard Oh
Address: 95 Merrick Way, Third Floor, Coral Gables, FL 33134

Director: John S. Wotowicz
Address: 95 Merrick Way, Third Floor, Coral Gables, FL 33134

Director: _____
Address: _____

B. OFFICERS

President: Peter L. Corsell
Address: 95 Merrick Way, Third Floor, Coral Gables, FL 33134

Co-Vice President: Richard Oh
Address: 95 Merrick Way, Third Floor, Coral Gables, FL 33134

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Peter L. Corsell
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.

13. Peter L. Corsell, President
(Typed or printed name and capacity of person signing application)

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TAMMISSE, FLORIDA

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STAGWELL TECHNOLOGIES, 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 TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STAGWELL TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF APRIL, A.D. 2011.



4979433 8300

SR# 20166793740

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203402057

Date: 11-28-16