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(Red	questor's Name)	
(Ado	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



500322069925



K. SALY DEC 17 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195

REFERENCE : 540307 7494108

AUTHORIZATION : Spelle Con .

COST LIMIT : \$\170.00

ORDER DATE: December 13, 2018

ORDER TIME : 12:0 PM

ORDER NO. : 540307-005

CUSTOMER NO: 7494108

FOREIGN FILINGS

NAME: ONE & ALL INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

TO: Registration Division of 0	Section Corporations		
SUBJECT: ONE &	& ALL INC.		
	Name of corpora	tion - must include suffix	
Dear Sir or Madam:			
	cation by Foreign Corporation nce," or "Certificate of Good Seign corporation to transact but		sact Business in Florida," ubmitted to register the
Please return all corre	espondence concerning this ma	tter to the following:	
	Name	of Person	
	Firm/C	oinpany	
	Ad	dress	
	City/State	and Zip code	
	E-mail address: (to be use	d for future annual report	notification)
For further informatio	n concerning this matter, pleas		
	at ()	
Name of Pers	on Area Co		phone Number
Registration S Division of Co Clifton Buildir	rporations ag e Center Circle	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
Enclosed is a check for	the following amount:		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Centified 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.

name unava .LINOIS		lopted for the purpose of transacting business in Florida
(State or country under the law of which it is incorporated) 09/15/1966		(FEI number, if applicable) PERPETUAL
(Dai 716/2018	e of incorporation)	(Date of duration, if other than perpetual)
	AND AVENUE, PASADENA, CA. 91101	
	AKE AVENUE, PASADENA, CA, 91101	Office address)
	(Principal	office address)
	(Principal	office address) address, if different)
	(Principal	address, if different)
me and <u>stre</u> Name:	(Principal) (Current mailing) et address of Florida registered agent: (P.O.	address, if different)
ame and stre	(Principal (Current mailing) et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee	address, if different)

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.

Corporation Service Company

By:

(Registered agent's signature)

Emily Croft

Asst. Vice President

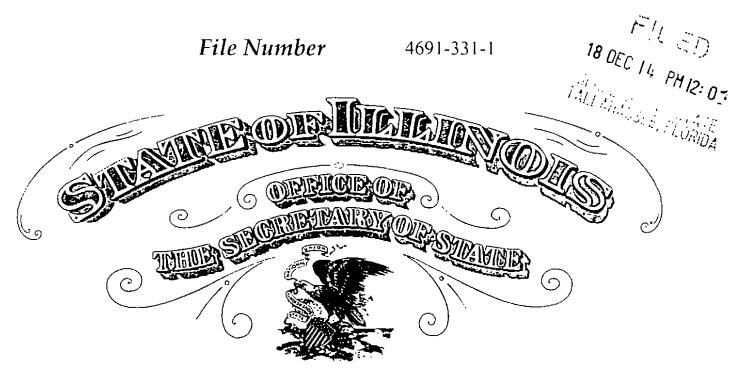
10. Attached is a certificate of existence duly authorized, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS See attached Schedule A Vice Chairman: Address: Address: ___ B. OFFICERS See attached Schedule A President: Address: ___ Vice President: Address: Address: ____ Treasurer: ___ Address: ____ NOTE: If necessary, you may attach-an addendum to the application listing additional officers and/or directors. Signature of Director 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. Kathleen M. Jones, Assistant Secretary

(Typed or printed name and capacity of person signing application)

18 DEC 14 PH 12: 07

Schedule A	State of Florida Secretary of State	Certificate of Authority	for	ONE & ALL INC.	#11. Name and Address of Each Director and Officer:	<u>Title</u> <u>Name</u> <u>Address</u>	10 Alan B. Hall 2 North Lake Avenue, Suite 600, Pasadena, CA 91101 Donald Haggstrom 2 North Lake Avenue, Suite 600, Pasadena, CA 91101 Dale A. Adams 655 Madison Avenue, New York, NY 10065 Craig Gangi 655 Madison Avenue, New York, NY 10065 Michael Larson 655 Madison Avenue, New York, NY 10065
					#11. Name and Address	Title	Director & CEO Director, COO & CFO Director Director Director, VP & Secretary



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ONE & ALL INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 15, 1966, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH

day of DECEMBER A.D. 2018

Authentication #: 1834702348 venfiable until 12/13/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE