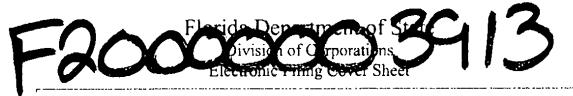
9/10/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone ; (614)280-3338

: (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION Industry Dive, Inc.

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Help

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.

Industry Dive, I	ne		
	orporation, must include "INCORPORATED," orp," "Inc,* "Co," or "Corp ")	"COMPANY," "CORPORATION	,
(If name unavails	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	business in Florida)
Delaware		45-4137966	
(State or countr 12/27-2611	y under the law of which it is incorporated) 5.	(PEI number, if app	oficable)
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 12 F.S., to determine negative liabilit	v)
1575 Eye Street 2	SW, 4th Floor Washington, DC 20005		• •
	(Principa	l office address)	
	(Current mailing	address, if different)	5
. Name and <u>stres</u>	<u>et address</u> of Florida registered agent: (P.O.	Box NOT acceptable)	1928 SEP 10 SEURETARY NLLAHASSE
Name:	CT Corporation System		P I C TARY ASSE
ffice Address:	1200 South Pine Island Road		E C R
	Plantation,	33324 , Florida	
	(City)	(Zip code)	57 1E 00A

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 Denise Bell Assistant Secretary (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:

	CCTORS Sean Graffey
	1575 Eye Street NW, 4th Floor Washington, OC 20005
_	
Chac	engur
8	
-	Gary Guttman
	1575 Eye Street NW, 4th Floor Washington, DC 20005
	Yahira Metgard
	1575 Eye Street NW, 4th Floor Washington, DC 20005
	CERS
ıt.	Sean Griffey
	1575 Eye Street NW, 4th Floor Washington, DC 20005
	dent
y.	Gary Gutuman
	1575 Eye Street NW, 4th Floor Washington, DC 20005
÷r:	Yahira Melgard
:	1575 Eye Street NW, 4th Floor Washington, DC 20005
:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
	Gahira Wilgard Signature of Director or Officer
ic a	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S.
ahi	(Typed or printed name and capacity of person signing application)
	(Typed or printed name and capacity of person signing application)

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INDUSTRY DIVE, 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 FOURTH DAY OF SEPTEMBER, A.D. 2020.

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.

Authentication: 203600615

Date: 09-04-20