

F21000002974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

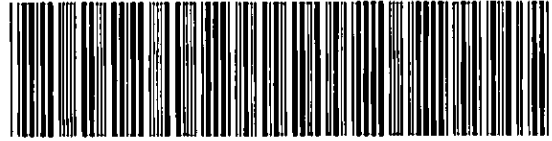
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300367140273

FILED
2021 MAY 28 AM 9:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 28 AM 9:19

TALLAHASSEE, FLORIDA

JUN - 8 2021

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2021

CT CORP

SUBJECT: LIVECLICKER INC.
Ref. Number: W21000078665

CORRECTED
Please Allow For
Same File Date

We have received your document for LIVECLICKER INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$300.00. $+78.75 = \$378.75$

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 321A00011774

RECEIVED
2021 JUN -2 PM 3:24
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 05/27/2021
Acc#120160000072

W: C DW

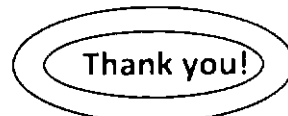
Name:	Livedclicker Inc.
Document #:	
Order #:	13700126

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ ~~78.75~~



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIVECLICKER 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:

Alla Arkhipova

Name of Person

LIVECLICKER INC.

Firm/Company

9 Lea Avenue

Address

Nashville, TN 37210

City/State and Zip code

tax@campaignmonitor.com

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

For further information concerning this matter, please call:

Alla Arkhipova

612

85187150 (Australia number)

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 28 AM 9:40

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**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. LIVECLICKER 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. CA 3. 38-3778767
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/22/2008 5. +
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10/7/2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9 Lea Avenue, Nashville, TN 37210
(Principal office address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, 33324
(City) (Zip code)
Florida

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.

C T Corporation System

By: Jessica Hale

(Registered agent's signature)

Jessica Hale, Asst. Secretary

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.

SECRETARY OF STATE
OFFICE OF THE SECRETARY
TALLAHASSEE, FLORIDA

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Adam Berger

Address: c/o Campaign Monitor 9 Lea Avenue
Nashville, TN 37210

Vice Chairman: _____

Address: _____

Director: Nikitas Koutoupes

Address: c/o Campaign Monitor 9 Lea Avenue
Nashville, TN 37210

Director: _____

Address: _____

2021 MAY 28 AM 9:40
SECRETARY OF STATE
TAMM ASSOCIATION

FILED

B. OFFICERS

President: John Wellford Dillard

Address: Willkie, Farr & Gallagher, LLP, 787 7th Avenue
New York, NY 10019

Vice President: _____

Address: _____

Secretary: Jesal Shah

Address: Willkie, Farr & Gallagher, LLP, 787 7th Avenue, New York, NY 10019

Treasurer: Michael J. Vantusko

Address: Willkie, Farr & Gallagher, LLP, 787 7th Avenue, New York, NY 10019

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

12.  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. Michael J. Vantusko, Treasurer/CFO

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



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: LIVECLICKER INC.
File Number: C3077419
Registration Date: 02/22/2008
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of May 26, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 27, 2021.

A handwritten signature in black ink, appearing to read "S. N. Weber".

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RGE9GVZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.