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(Requestor's Name)				
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Dc	cument Number)			
Certified Copies	_ Certificates	s of Status		
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M. SOLOMON

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COVER LETTER

_	stration Section ion of Corporations				
SUBJECT:	Reader's Digest Sales and	Services, Inc.			
SOBSECT.		ne of corporation	- must include suffix		
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreign f Existence." or "Certific leed foreign corporation to the corpor	cate of Good Stand	ding" and check are subi		
Please return	all correspondence conce	erning this matter	to the following:		
Beth Clerc					
		Name of I	Person		
Trusted Media	Brands, Inc.				<i>-</i> -•
		Firm/Com	pany		## 1 4 h
44 South Broadway		25- 47 			
.,	······································	Addre	ess ess		(2.5)
White Plains, I	NY 10601				
······		City/State ar	nd Zip code		-
beth.clerc@tru	istedmediabrands.com				
	E-mail add	ress: (to be used f	or future annual report n	otification)	
For further in	formation concerning thi	is matter, please c	all:		
Beth Clerc		917 at (622-8753		
Nam	e of Person	Area Code	Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ection orporations			
	_	A DEPARTMENT	OF STATE 1 \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Certificate of Certified Cop	Status &

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.

(If name unavail	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in	Florida)	
Delaware 13-		3-1952377		
(State or countr	under the law of which it is incorporated)	(FEI number, if applicable)		
October 17, 196	<u> </u>			
(Date	of incorporation)	(Date of duration, if other than perpetual)	
June 1, 2021				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)			
44 South Broadw	ay, White Plains, NY 10601			
•	(Principal office	street address)		
	(Current mailing	address, if different)		
				202
3. Name and stree	t address of Florida registered agent: (P.O. i	Box NOT acceptable)	े हा ३० नेस १९४७	<u>-</u> یخ
3. Name and <u>stree</u> Name:	t address of Florida registered agent: (P.O.) NRAI Services, Inc.	Box <u>NOT</u> acceptable)	2000 2000 2000 2000 2000 2000	- MUL
Name:	<u> </u>	Box <u>NOT</u> acceptable)	(1) 41 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	2- MAF 12112
Name:	NRAI Services, Inc.	Box NOT acceptable) , Florida	STATE OF STA	-2 AM
	NRAI Services, Inc. 1200 South Pine Island Road		AN ESSECT OSIGE	2
Name: Office Address: Office Address: Registered ag Having been nam designated in this further agree to c	NRAI Services, Inc. 1200 South Pine Island Road Plantation	, Florida	his capac	-2 AM 9: 45 lace ity.
Name: Office Address: Office Address:	NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rela	, Florida 33324, Florida (Zip code) of process for the above stated corporation as registered agent and agree to act in thative to the proper and complete performanion as registered agent.	his capac	-2 AM 9: 45 lace ity.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS			
☐ Chairman	Name:	□Chairman	Name: Mark A Sirota
□Vice Chairman	Address: 44 South Broadway	□Vice Chairman	Address: 44 South Broadway
Director	White Plains, NY 10601	Director	White Plains, NY 10601
□President		□President	
□ Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	Other
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	☐Treasurer
Other	Other	□Other	
□Chairman	Name:	□ Chairman	Name:
	Address:	□Vice Chairman	Address:
□ Director		□Director	3.4.1 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer
Other	Other	□Other	Other
muividuals may be	Use an attachment to report more than six (6). The attach added to the index when filing your Florida Departmen	t of State Annual Re	d for reporting purposes only. Non-indexed port form.
s.817.155, F.S.	ctor signing this document (and who is listed in number dise information submitted in a document to the Departm	II above) affirms the ent of State constitu	at the facts stated herein are true and that he or tes a third degree felony as provided for in
13. Mark A. Siro	ta - Director		

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



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

DELAWARE, DO HEREBY CERTIFY "READER'S DIGEST SALES AND SERVICES,

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 ELEVENTH DAY OF

MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "READER'S DIGEST SALES AND SERVICES, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 1961.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202704451

Date: 03-11-21