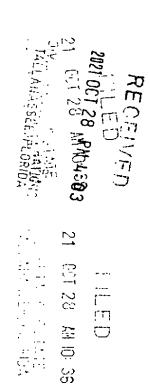
F2100006254

(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



600375388366



T. LEMIEUX OCT 29 2021

CORPORATION SERVICE COMPANY 1201 Hays Street

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

Tallhassee, FL 32301 Phone: 850-558-1500

ACCO	UNT NO.	: 1200	0000019	5	
RE.	FERENCE	: 1740	56	8341594	
AUTHOR	IZATION	:	X		
COS	T LIMIT	: 18 70	1.00	a and	
ORDER DATE : October :	28, 2021				
ORDER TIME : 2:30 PM					
ORDER NO. : 174056-0	05				
CUSTOMER NO: 83415	94				
		-			
FO	OREIGN FI	<u>LINGS</u>			
NAME: RADIS	H MEDIA,	INC.			
XXXX QUALIFICATION	(TYPE: <u>CO</u>)			
PLEASE RETURN THE FOLLO	OWING AS	PROOF C	F FILIN	G:	
CERTIFIED COPY XX PLAIN STAMPED (COPY				

EXAMINER:

COVER LETTER

	stration Secti sion of Corpo					
SUBJECT:	Radish Med	ia, Inc.				
		Name of corporat	ion - mus	t include suffix		
Dear Sir or M	tadam:					
"Certificate o	of Existence."	n by Foreign Corporation for "Certificate of Good Storporation to transact bus	tanding"	and check are sub		
Please return	all correspor	dence concerning this mat	ter to the	following:		
Joua Thao						
		Name	of Persor	l		
Radish Media.	Inc.					
		Firm/C	ompany			
21 W 46th St.	7th Floor					
		Ad	dress			
New York, NY	Y 10036					
		City/State	e and Zip	code		
admin@radish	diction.com					
		E-mail address: (to be use	d for futu	ire annual report i	notification)	
For further in	formation co	ncerning this matter, pleas	e call:			
Joua Thao		559 at (8014289			
Nam	e of Person	Area C		Daytime Telep	hone 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		
	ieck payable to	e following amount: b: FLORIDA DEPARTME: 378.75 Filing Fee & Certificate of Status	□ \$78.3	FATE 75 Filing Fee & filed Copy	 \$87.50 Filing Fee, Certificate of Status & Certified Copy 	

COVER LETTER

Division of Corporations	
SUBJECT: Radish Media, Inc.	
	poration - must include suffix
Dear Sir or Madam:	
	ion for Authorization to Transact Business in Florida," od Standing" and check are submitted to register the business in Florida.
Please return all correspondence concerning this	s matter to the following:
Joua Thao	
N:	ame of Person
Radish Media, Inc.	
Fir	m/Company
21 W 46th St, 7th Floor	
	Address
New York, NY 10036	
City	/State and Zip code
admin@radishfiction.com	
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, p	please call:
Joua Thao at (9 8014289
	Daytime Telephone 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPART \$70.00 Filing Fee Certificate of State	& □ \$78.75 Filing Fee & □ \$87.50 Filing Fee.

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.

Radish Media, I	ne.		
(Enter name of c	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATIO	N."
Radish Fiction			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ng business in Florida)
2. Delaware	3.	81-1062010	
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
4. 12/09/2015	5.		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
6. 1/1/2020			
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liabi	lity)
7 21 W 46th St, 7th	Floor, New York, NY 10036		
··-	(Principal off	ice <u>street</u> address)	
	(Current mailin	ng address. if different)	2
			-
8. Name and stree	et address of Florida registered agent: (P.C	O. Box <u>NOT</u> acceptable)	* 8 7
Name:	Corporation Service Company		FILED not 28 W
Office Address:	1201 Hays Street		
	Tallahassee	Florida	0.37 0.37 0.47
	(City)	(Zip code)	, 7

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: Corporation Service Company

(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.

A. DIRECTORS				
□Chairman	Name: Seung Yoon Lee	□Chairman	Name:	
□Vice Chairman	Address: 21 W 46th St, 7th Floor	□Vice Chairman	Address: 21 W 46th St, 7th Floor	
Director	New York, NY 10036	Director	New York, NY 10036	
□President	06621	□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
■Other CEO	□Other	□Other	Other	
□Director □President □Vice President	Name: 7215 Se 32nd St Address: Mercer Island, WA 98040		Name:	
□Secretary CFO Other	□Treasurer □Other	□Secretary □Other	□ Treasurer □ Other	
□Chairman □Vice Chairman □Director □President □Vice President	Name:Address:	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President	Name:	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other		□Other		
The officer or direc	Jse an attachment to report more than six (6). The added to the index when filing your Florida Department of Director signing this document (and who is listed in a list information submitted in a document to the I	partment of State Annual Resector or Officer	port form. at the facts stated herein are true and that he or	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RADISH MEDIA, 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 OCTOBER, 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 "RADISH MEDIA, INC." WAS INCORPORATED ON THE NINTH DAY OF DECEMBER, A.D. 2015.

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

Authentication: 204535650

Date: 10-28-21