Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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		SH/RELOAD button of vill generate another constitutions (850) 617-6383 : C T CORPORATIONS: (614) 280-3338 : (954) 203-0845		<u>></u>	
To:	Division of C	Corporations		79°	: - -
	Fax Number	: (850)617-6383		S	
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	FOREIGN PE	ROFIT/NONPROI		ATION	
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S. ROBERTS NOV 1 6 2021

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SpotX, Inc.					
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	O," "COMPANY," "CORPORATION,"			
(If name unava	illable in Florida, enter alternate corporate nam-	e adopted for the purpose of transacting busin	ness in Florida)	
Delaware	3	27-4100056			
(State or com	ntry under the law of which it is incorporated)	3	le)		
11/30/2010		5			
· (Da	nte of incorporation)	5(Date of duration, if other than p	erpetual)		
).					
·	(Date first transacted business	s in Florida, if prior to registration)			
CICL Agiata Dla	(SEE SECTIONS 607.1501 & 607 nce, Suite #400, Broomfield, CO 80021	7.1502, F.S., to determine penalty liability)			
- 2121 MUSG LIE	<u></u>	cipal office address)	<u> </u>	_	
	(1.111)	cipai office address)	v.	20	
	(Current mai	iling address, if different)	<u> </u>	~~	#132M
	(3		1—144 2>17	01 AON 1202	∯ +150
S. Name and str	reet address of Florida registered agent: (P	P.O. Box NOT acceptable)	<u> </u>	9	-
	C T Corporation System		Syc	70	j"ij
Name:	1200 South Pine Island Road		E ca	PM 12:	**************************************
Office Address:			F 2.	55	
	Plantation	33324 Florida			
	(City)	(Zip code)			
Registered a	agent's acceptance: uned as registered agent and to accept ser his application, I hereby accept the appoin a comply with the provisions of all statute.	ntment as registered agent and agree to is relative to the proper and complete pc	act in this ca	pacity	ce v. T
lesignated in tl further agree to	n familiar with and accept the obligations				
lesignated in tl further agree to	CT Corporation Sy By: Ternell Kearney (Registers	ystem			

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.

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

	ECTORS David Day
C'hairman 	1250 Broadway, 15th Floor
Address:	New York, NY 10001
Vice Cha	irman:
Address:	
Director:	Aaron Saltz
_	1250 Broadway, 15th Floor
Attaness.	New York, NY 10001
Director:	Natalie Pechacel.
Address:	1250 Broadway, 15th Floor
Augusta.	New York, NY 10001
B. OFF	David Day
	1250 Broadway, 15th Floor
Address:	New York, NY 10001
Vice Pre	Natalie Pechacek
Address:	1250 Broadway, 15th Floor
, , , , , , , , , , , , , , , , , , , ,	New York, NY 10001
Secretary	Aaron Saltz
·	1250 Broadway, 15th Floor, New York, NY 10001
	r;
Address:	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
are true	Signature of Director or Officer eer 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 degree felony as provided for in s.817.155, F.S.
13. <u>Aar</u>	ron Saltz, Vice President and Secretary
	(Typed or printed name and capacity of person signing application)

F1019 - 6/25/2019 Wollers Klower Online

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "SPOTX, 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 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

e at corp delaware gov/aut

Authentication: 204368434

Date: 10-08-21