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SECRETARY OF STATE
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FALL AHASSEFT FLORIDATE

2021 NOV 19 AM 10: 34

COVER LETTER

	egistration Section vivision of Corporations						
SUBJEC	T: Scripps Shared Services Compa	ny					
CODULC		corporation	must include suffix				
Dear Sir o	or Madam:						
"Certifica		Good Stand	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.				
Please ret	um all correspondence concerning	this matter	to the following:				
Julie Corn	well						
		Name of F	Person				
The E. W.	Scripps Company						
		Firm/Comp	pany				
312 Walnu	ut Street, Suite 2800						
		Addre	SS				
Cincinnati	, Ohio 45202						
	(City/State an	d Zip code				
julie.com	vell@scripps.com						
	E-mail address: (to be used fo	or future annual report notification)				
For further	r information concerning this mat	ter, please ca	ıll:				
Julie Cornwell at (513) 898-4071		898-4071					
	Name of Person	Area Code	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				
Please mal	is a check for the following amount to check payable to: FLORIDA DEP Filing Fee	ARTMENT Fee &	OF STATE \$78.75 Filing Fee & Certified Copy Certified Copy Certified Copy				

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.	Services Company				
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florid	a)		
Ohio	87-3478691				
2. (State or count	y under the law of which it is incorporated)	(FEI number, if applicable)	<u> </u>		
11/9/2021		•			
4. Date	of incorporation)	(Date of duration, if other than perpetual)	<u></u>		
1/1/2022					
6		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)			
312 Walnut Stree	et, Suite 2800, Cincinnati, Ohio 45202				
/·	(Principal of	fice street address)			
	(Current maili	ing address, if different)			
8. Name and stre Name: Office Address:	Corporation Service Company 1201 Hays Street Tallahassee	NOV 19 AM 10 10 10 10 10 10 10 10 10 10 10 10 10			
	(City)	(Zip code)			
		vice of process for the above stated corporation at the timent as registered agent and agree to act in this ca			

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	Julie McGehee Name:				
□Vice Chairman	Address: 312 Walnut St., Suite 2800	□Vice Chairman	Address: 312 Walnut St., Suite 2800				
□Director	Cincinnati, Ohio 45202	Director	Cincinnati, Ohio 45202				
President		□President					
□Vice President		□Vice President					
☐Secretary	□Treasurer	■ Secretary	☐Treasurer				
Other		Other	Other				
☐ Director ☐ President	Name: Rebecca A. Riegelsberger 312 Walnut St., Suite 2800 Address: Cincinnati, Ohio 45202	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President	Name:				
□Secretary	■ Treasurer	□Secretary	□Treasurer				
□Other	□Other	Other	□Other				
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director	Name:				
□President		□President					
■ Vice President		□Vice President					
☐ Secretary	☐Treasurer	☐ Secretary	□Treasurer				
□Other	Other	□Other	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. William Appleton, Vice President							

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SCRIPPS SHARED SERVICES COMPANY, an Ohio corporation. Charter No. 4771063, having its principal location in Cincinnati, County of Hamilton, was incorporated on November 8, 2021 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of November, A.D. 2021.

Ohio Secretary of State

Fred John

Validation Number: 202131403296