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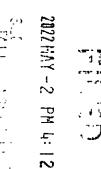
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S. ROBERTS MAY 0 2 2022

COVER LETTER

TO:	Division of Corporations				
SUBJ	FCT.	Oregon Publication Corp.			
3000		Name o	of corporation	- must include suffix	
Dear S	Sir or M	adam:			
"Certif	ficate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Stand	ling" and check are submitt	
Please	return	all correspondence concerni	ng this matter	to the following:	
Mrs. M	tagali S	osa-Tirado			
			Name of F	Person	
Orego	n Public	ation Corp., ATTN: Legal Dep	artment		
			Firm/Comp	pany	
РО Во	x 22109				
			Addre	SS	
Portlar	id, OR 9	77269-2109			
		· -	City/State an	id Zip code	
msosat	irado@	pamplincorp.com			
		E-mail address	: (to be used fo	or future annual report notif	ication)
For tu	rther in	formation concerning this m	atter, please co	all:	
Magali Sosa-Tirado 971		971 at (204-7559		
	Nam	e of Person	Area Code	Daytime Telephone	Number
	Regis Divis The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
Please	make ch	check for the following amount of the character of the ch	EPARTMENT g Fee & 🗆 🗆		3 \$87.50 Filing Fee. Certificate of Status & 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.

"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp."}			
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transactin	g business in Florida)	
Oregon		93-1295905		
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	plicable)	
06-02-2000		Perpetual		
(Date of incorporation)		(Date of duration, if other than perpetual)		
		1 Florida, if prior to registration)	•••	
Organ Publicati	(SEE SECTIONS 607.1501 & 607.15 on Corp., ATTN: Matias Ricco, 533 NE 3rd A			
·				
PO Boy 22109 1	Ortland, OR 97269-2109	ce <u>street</u> address)		
1 0 000 22107, 1	Orthonic, OX 27207-2107			
-		w address if different)		
		ng address, if different)		
Name and stree	(Current mailir			
. Name and stree			2872	
Name:	(Current mailir et address of Florida registered agent: (P.C		2822 HAY	وموسیدی ۱ از از ۱ در دودند
	(Current mailir et address of Florida registered agent: (P.C.) Registered Agent Solutions, Inc.	D. Box <u>NOT</u> acceptable)	2822 HAY -2	especially (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Name:	(Current mailir et address of Florida registered agent: (P.C. Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A Tallahassee	D. Box <u>NOT</u> acceptable)		company D j Limbar Limb
Name: Office Address:	(Current mailir et address of Florida registered agent: (P.C Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A Tallahassee (City)	D. Box <u>NOT</u> acceptable)		Company D. J. Sumani Seri
Name: Office Address: Registered ag	(Current mailir et address of Florida registered agent: (P.C Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A Tallahassee (City) ent's acceptance:	D. Box NOT acceptable)	ASSET IT	- pe 1
Name: Office Address: Registered agi	(Current mailir et address of Florida registered agent: (P.C. Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A Tallahassee (City) ent's acceptance: seed as registered agent and to accept service.	D. Box NOT acceptable) , Florida 32301 (Zip code) [Ce of process for the above states.]	Signal P. F. Signal Corporation at the p	olace
Name: Office Address: Registered aglaving been namesignated in this	(Current mailir et address of Florida registered agent: (P.C Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A Tallahassee (City) ent's acceptance:	D. Box NOT acceptable) , Florida \(\frac{32301}{\text{(Zip code)}} \) See of process for the above stated ment as registered agent and agreent agreent and agreent agreen	d corporation at the peet to act in this capac	place
Name: Office Address: Registered aglaving been namesignated in this	(Current mailing et address of Florida registered agent: (P.C. Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A Tallahassee (City) ent's acceptance: seed as registered agent and to accept service application, I hereby accept the appoints	D. Box NOT acceptable) Florida 32301 (Zip code) The code of process for the above states and agreelative to the proper and complete	d corporation at the pee to act in this capacite performance of my	place
Name: Office Address: Registered aglaving been namesignated in this	(Current mailing the address of Florida registered agent: (P.C.) Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A Tallahassee (City) ent's acceptance: The acceptance agent and to accept service application, I hereby accept the appoint to comply with the provisions of all statutes resistered.	D. Box NOT acceptable) Florida 32301 (Zip code) The code of process for the above states and agreelative to the proper and complete	d corporation at the pee to act in this capacite performance of my	olace
Name: Office Address: Registered aglaving been namelesignated in this	(Current mailing et address of Florida registered agent: (P.C. Registered Agent Solutions, Inc. 155 Office Plaza Dr., Suite A Tallahassee (City) ent's acceptance: de das registered agent and to accept service application, I hereby accept the appoint omply with the provisions of all statutes rewith and accept the obligations of my possible accept the accept the obligations of my possible accept the ac	D. Box NOT acceptable) Florida 32301 (Zip code) The code of process for the above states and agreelative to the proper and complete	d corporation at the per to act in this capacite performance of my	olace

under the law of which it is incorporated.

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:					
□Vice Chairman	Address: PO Box 22109	■Vice Chairman	Address: PO Box 22109					
□Director	Portland, OR 97269-2109	□Director	Portland. OR 97269-2109					
☐ President		□President						
□Vice President		□Vice President						
Secretary	□Treasurer	☐ Secretary	☐ Treasurer					
Other	Other	BOther	Other					
□Chairman	Andrea J. Marek	□ Chairman	Charles Nedrow					
	PO Box 22109 Address:	□Vice Chairman	PO Box 22109					
Director	Portland, OR 97269-2109	Director	Portland, OR 97269-2109					
■ President		□President						
□Vice President		■Vice President						
Secretary	□Treasurer	Secretary	□Treasurer					
■Other CEO	Other	Other CFO	Other					
□ Chairman	Name:	□Chairman	Name:					
	Address:	□ Vice Chairman						
□Director		☐Director						
President		□President						
□Vice President		☐ Vice President						
_	_		[]T					
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer					
Other	Other	ClOther	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.

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

Certificate of Existence 341G121P2

I, SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

OREGON PUBLICATION CORP.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE

4/12/2022