

F22000000446

(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



800390554568

07/06/22--01015--020 \*\*70.00

RECEIVED  
TALLAHASSEE, FLORIDA

2022 JUL -6 PM 7:21

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INFORMA IBIS INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PATRICIA PETER

Name of Person

INFORMA

Firm/Company

605 3RD AVENUE, 22ND FLOOR

Address

NEW YORK, NY 10158

City/State and Zip code

PATTY.PETER@INFORMA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA PETER

at ( 212 )

600-3731

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$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.*

1. INFORMA IBIS INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. 86-3944742  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. APRIL 19, 2021 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1990 MAIN STREET, STE. 750, SARASOTA, FLORIDA 34236  
(Principal office street address)
- 1990 MAIN STREET, STE. 750, ATTN: INFORMA TAX DEPT, SARASOTA, FLORIDA 34236  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

**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.*

Corporation Service Company

By: Elizabeth R. Konieczny, Asst. VP

(Registered agent's signature)

Elizabeth R. Konieczny

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.

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

FILED  
2022 JUL -6 PM 7:21  
SERVING OFFICE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS**

☐ Chairman Name: CRAIG WOODWARD  
☐ Vice Chairman Address: 485 LEXINGTON AVE.  
20TH FL  
☐ Director  
NEW YORK, NY 10017  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☒ Other CEO ☐ Other

☐ Chairman Name: KERI PINZONE  
☐ Vice Chairman Address: 1983 MARCUS AVENUE  
SUITE 250  
☐ Director  
LAKE SUCCESS, NY 11042  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☒ Other TAX DIRECTOR ☐ Other

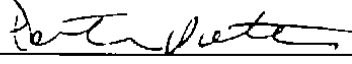
☐ Chairman Name: JANET P. CADOGAN  
☐ Vice Chairman Address: 485 LEXINGTON AVE.  
20TH FL  
☐ Director  
NEW YORK, NY 10017  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☒ Other SENIOR VP ☐ Other

☐ Chairman Name: MARC LEVINE  
☐ Vice Chairman Address: 1990 MAIN STREET, STE 750  
ATTN: INFORMA TAX DEPT.  
☐ Director  
SARASOTA, FL 34236  
☐ President  
☒ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: PATRICIA PETER  
☐ Vice Chairman Address: 605 3RD AVENUE, 22ND FL  
NEW YORK, NY 10158  
☐ Director  
☐ President  
☐ Vice President  
☒ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: AMANDA NEVINS  
☐ Vice Chairman Address: 485 LEXINGTON AVE.  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☒ Other CFO ☐ 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.

13. PATRICIA PETER, SECRETARY  
(Typed or printed name and capacity of person signing application)

## Section 11

### Directors

<b>Title</b>	<b>Name</b>	<b>Business Address</b>
Director	Irina Hemmers	47 Queen Anne Street, London W1G 9JG, United Kingdom
Director	Sergio Ferrarini	47 Queen Anne Street, London W1G 9JG, United Kingdom

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INFORMA IBIS 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 THIRD DAY OF MAY, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFORMA IBIS INC." WAS INCORPORATED ON THE NINETEENTH DAY OF APRIL, A.D. 2021.

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



5850432 8300

SR# 20221665041

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203337664

Date: 05-03-22