	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
	<u></u>
Special Instructions to	Filing Officer:

Office Use Only



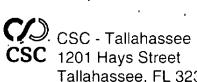
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Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 06/08/23 Order #: 1220610-1

Re: Coral Graphic Services, Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

12000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	P: Registration Section Division of Corporations						
SHBI	ECT:	Coral Graphic Services. Inc.					
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	-3011	Name o	of corporatio	n - must include suffix			
Dear S	Sir or M	ladam:					
"Certif	ficate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Sta	nding" and check are submi			
Please	return	all correspondence concerni	ng this matte	er to the following:			
Jennife	er Harpe	r					
		-	Name of	Person			
Bertels	smann, l	nc.					
	-		Firm/Cor	npany	 -		
1745 B	Broadwa	y					
			Addı	ress			
New Y	ork, NY	' 10019					
		•	City/State a	and Zip code			
jennife	r.harper	@bertelsmann.com					
		E-mail address	: (to be used	for future annual report noti	fication)		
For fur	rther in	formation concerning this m	atter, please	call:			
Jennife	Name of Person at (212) 782-1074 Area Code Daytime Telephone Number						
	Nam	e of Person	Area Coo	de Daytime Telephor	ne Number		
	Regis Divis The C 2415	tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations		
Please r	make ch	check for the following amo eck payable to: FLORIDA DE ng Fee	PARTMENT g Fee & [☐ \$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.

Coral Graphic S	Services. Inc.				
	orporation: must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	1."		
(If name unavail	able in Florida, enter alternate corporate name a	• •	_	in Florida)	
New York	3.	orporated) 3. (FEI number, if applicable)			
	y under the law of which it is incorporated)	it is incorporated) (FE1 number, if ap			
11/29/1982					
	of incorporation)	(Date of duration, if other t	(Date of duration, if other than perpetual)		
ó.					
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 way, Hicksville, NY 11801		ty)		
· <u> </u>		ce street address)			
1745 Broadway	c/o Bertelsmann, Inc., New York, NY 10019	, , , , , , , , , , , , , , , , , , ,	-	2023	
	(Current mailin	g address, if different)		8-8	
3. Name and <u>stree</u>	et address of Florida registered agent: (P.O). Box NOT acceptable)			
Name:	Corporation Service Company			9: 2	
Office Address:	1201 Hays Street			03	
	Tallahassee	, Florida			
	(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: Weilard - Srenson, Arp

(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		□Chairman	Dirk Kemmerer Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address: Carl-Bertelsmann-Straße 161M			
■Director	Hicksville, NY 11801	Director	33332 Gütersloh, Germany			
□President		□President				
□ Vice President		□ Vice President				
□Secretary	□Treasurer	☐ Secretary	☐Treasurer			
Other CEO	Other	□Other	□Other			
□Chairman	Name:	□Chairman	Maysa Dahdouli			
	Address: 25 Jack Enders Blvd.		1745 Broadwa Address:			
□Director	Berryville, VA 22611	□Director	New York, NY 10019			
□President		□President				
■Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
CFO ■Other	Other	■OtherSVP, Tay	ces			
□ Chairman	Name: Vera L. Noriega	□Chairman	Name:			
□Vice Chairman	Address:		Address:			
□Director	New York, NY 10019	□Director				
□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						
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 NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: CORAL GRAPHIC SERVICES, INC.

DOS ID Number: 807282

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 11/29/1982

Statement Status: CURRENT Statement Due Date: 11/30/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on June 08, 2023 at 10:54 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Heylan

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100003669965 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov