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2023 SEP 12 PM 4: 50

## **COVER LETTER**

_	tration Section on of Corporations			
SUBJECT:	Newsmatics Inc.			
oobober.	Name o	f corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate of above reference	"Application by Foreign Cor Existence." or "Certificate of ced foreign corporation to tra	of Good Stand insact business	ing" and check are subn s in Florida.	
Please return a	all correspondence concernin	ig this matter t	o the following:	
		Name of P	erson	
Newsmatics Inc	¢.			
		Firm/Comp	any	
1025 Connection	cut Avenue NW, Suite 1000			
		Addres	s	· · · · · · · · · · · · · · · · · · ·
Washington, D	C 20036			
		City/State an	d Zip code	
tax@newsmati	cs.com			
•	E-mail address:	(to be used fo	r future annual report n	otification)
For further inf	formation concerning this ma	atter, please ca	11:	
Petr Stanek		202 at (	335-9494	
Name	e of Person	Area Code	Daytime Teleph	none Number
Regis Divisi The C 2415	tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	S:	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclosed is a Please make ch	check for the following amoreck payable to: <b>FLORIDA DE</b> ing Fee	PARTMENT ( g Fee &	OF STATE \$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.

(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting	g business in Florida)	_
Delaware 3.		52-1937561		
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	olicable)	-
07/24/1995	5.	n/a		_
(Date of incorporation)		(Date of duration, if other than perpetual)		
01/01/2022 - Se	ction 607.1501 Business Activity Exemption -	Transacting business in interstate cor	nmerce (no penalty).	_
-	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		y)	
1025 Connecticut	Avenue, NW., Suite 1000, Washington, DC 20	0036		
	(Principal offic	e <u>street</u> address)		•
	(Current mailin	g address, if different)		
3. Name and stree  Name:	et address of Florida registered agent: (P.O Capitol Corporate Services, Inc.	. Box <u>NOT</u> acceptable)	2023 SEP 1	التي-ماد ال المادي
Office Address:	515 East Park Avenue 2nd		2 PH	1
	Tałlahassee	Florida		Appendix of the second
	(City)	(Zip code)	: 50	
	ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re		e to act in this capac	city. I

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.

### DocuSign Envelope ID: 87FA6213-08E2-4E7A-9703-949F5DF404A5

#### A. DIRECTORS Petr Stanek David Rothstein ☐ Chairman Name: □ Chairman Name: 1025 Connecticut Avenue, NW 1025 Connecticut Avenue ☐ Vice Chairman Address: ☐ Vice Chairman Address: Suite 1000 Suite 1000 □ Director □ Director Washington, DC 20036 Washington, DC 20036 □ President President ☐ Vice President □ Vice President **■**Treasurer ☐ Secretary □ Treasurer ☐ Secretary □Other \_\_\_\_\_ Other □Other \_\_\_\_ ☐Other \_\_\_\_\_ Gina Fratto □ Chaiπnan ☐ Chairman Name: \_\_\_\_\_ 1025 Connecticut Avenue NW ☐ Vice Chairman Address: □Vice Chairman Address: **Suite 1000** □ Director □ Director Washington, DC 20036 □ President □ President □Vice President \_\_\_\_\_ ☐ Vice President □ Secretary ☐ Treasurer ■ Secretary Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Chairman Name: ☐ Chairman Name: Address: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman ☐ Director □Director ☐ President □President □ Vice President ☐ Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer □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. 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.

David Rothstein

13.

CEO

Page 1



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

DELAWARE, DO HEREBY CERTIFY "NEWSMATICS 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 EIGHTEENTH DAY OF AUGUST, A.D. 2023.



Authentication: 203995118

Date: 08-18-23

7341604 8300 SR# 20233284325

You may verify this certificate online at corp.delaware.gov/authver.shtml