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Name:	Populus Media, Inc	
Document #:		
Order #:	15133385 - 20	

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
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Filing: 🖌	Certified:	Email Address for Annual Report Notifications:
	Plain: 🖌	hseidman@populus-media.com
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	(Thank you!)

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Populus Media, 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:

Howard Seidman

	Name o	f Person
Populus Media, Inc.		
	Firm/Co	mpany
211 College Rd East Ste 101		
	Add	Iress
Princeton, NJ 08540		
	City/State	and Zip code
hseidman@populus-media.com	2	
Q	ail address: (to be used	for future annual report notification)
For further information concert	2 .	call:
Name of Person	at (Area Co) de Daytime Telephone Number
STREET/COURIER Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ns see , Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
÷	ORIDA DEPARTMEN	T OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

Ign Envelope ID, 330A4030-0EF3-4328-8737-0E40430A0383

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATH orp," "Inc," "Co," or "Corp.")	3D," "CO	OMPAN	Y," "CORPORATIO	, ис	
N/A						
(If name unavail	able in Florida, enter alternate corporate na	me adopt	ed for tl	e purpose of transact	ling business in f	Iorida)
Delaware		3. N/A				
(State or countr	y under the law of which it is incorporated)			(FEI number, if a	applicable)	
August 27, 202	9	5.				
(Date	of incorporation)	<u> </u>	(Da	te of duration, if othe	r than perpetual)	
	(Principal	office <u>str</u>	<u>reet</u> add	ress)		
	(Current ma	iling add	lress, if (lifferent)		
Name and stree	and the second state that the second state that the second state of the second state o	P.O. Bo.	x <u>NOT</u>	_acceptable)		,
Name:	C T Corporation System					
	1200 South Pine Island Road					ភ្ ភ
ffice Address:						
ffice Address:	Plantation		, FL	33324		

Registered agent's acceptance:

laving been named as registered agent and to accept service of process for the above stated corporation at the place 'esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, nd I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: *MumBuck* Theresa Buck, Assistant Secretary (Registered agent's signature)

0. 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 or the law of which it is incorporated.

. DIRECTORS'

]Secretary	 Treasurer	 □ Chairman □ Vice Chairman ☑ Director ☑ President □ Vice President □ Secretary 	Name: Paul Theisen Name: 211 College Rd East Ste 101 Prin Address: 211 College Rd East Ste 101 Prin
Chief Op]Other	Derating C Other	D0ther	Other
lChairman lVice Chairman lDirector lPresident lVice President lSecretary lOther	 	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name:
lChairman lVice Chairman lDirector lPresident lVice President lSecretary lOther	Name: Address: 	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name:

nportant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed dividuals may be added to the **Gradeured to** filing your Florida Department of State Annual Report form.

2.	Howard Seidman	
	-FCF0E6BDCCF7463 Signature of Director or Officer	

he 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 ie is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.155, F.S.

Howard Seidman

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POPULUS MEDIA, 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 TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2023.

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

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



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SR# 20233561550 You may verify this certificate online at corp.delaware.gov/authver.shtml

crotory of State

Authentication: 204225989 Date: 09-22-23