Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000003231 3)))



H240000032313ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Wunderman Thompson MAP US Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

2nd attempt Please keep the original effective date 01/03/2024

Electronic Filing Menu Corporate Filing Menu

Help



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	orporation: must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	ousiness in Flor	rida)
Delaware	3.			
(State or counti	3. by under the law of which it is incorporated)	(FEI number, if appl	icable)	
5/16/2023	5. of incorporation)			
(Date	of incorporation)	(Date of duration, if other tha	in perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability	•	
206 E, 9th Street	Suite 1600, Austin, TX 78701			
. , . 		ce <u>street</u> address)		
3 WTC, 175 Gre	enwich Street, 16th Floor, New York, NY 100	07		
-	//7			
	(Current mattir	ng address, if different)		
	(Current mattir	ng address, if different)	_	707
Name and stre	(Current matter) et address of Florida registered agent: (P.C		<u>-</u>	ربد، <u>۱</u>
Name and stree				- HVF 5767
Name:	et address of Florida registered agent: (P.C Corporate Creations Network Inc.		- - - - - - - -	1- HVF 5567
Name:	et address of Florida registered agent: (P.C. Corporate Creations Network Inc. 801 US Highway I	D. Box <u>NOT</u> acceptable)		
Name:	et address of Florida registered agent: (P.C. Corporate Creations Network Inc. 801 US Highway I	D. Box <u>NOT</u> acceptable)		
Name:	et address of Florida registered agent: (P.C. Corporate Creations Network Inc. 801 US Highway I		- - 	4941 JAH -4 PH 3: 45
Name:	et address of Florida registered agent: (P.C. Corporate Creations Network Inc. 801 US Highway I	D. Box <u>NOT</u> acceptable)	- 	
Name: flice Address: Registered ag	ct address of Florida registered agent: (P.C. Corporate Creations Network Inc. 801 US Highway I North Palm Beach (City) ent's acceptance: and as registered agent and to accept servi	D. Box NOT acceptable) , Florida 33408 (Zip code) (Cee of process for the above stated of		PH 3: 45
Name: flice Address: Registered ag aving been namesignated in this	ct address of Florida registered agent: (P.C. Corporate Creations Network Inc. 801 US Highway I North Palm Beach (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointm	O. Box NOT acceptable) , Florida 33408 (Zip code) (Cee of process for the above stated conent as registered agent and agree	to act in this o	PH &: the placeapacity.
Name: office Address: Registered aglaving been namesignated in this	ct address of Florida registered agent: (P.C. Corporate Creations Network Inc. 801 US Highway I North Palm Beach (City) ent's acceptance: and as registered agent and to accept servi	D. Box NOT acceptable) , Florida 33408, Florida (Zip code) The code of process for the above stated complete elative to the proper and complete in the proper and compl	to act in this o	PH &: the placeapacity.
Name: Office Address: Registered aglaving been namesignated in this	Corporate Creations Network Inc. 801 US Highway I North Palm Beach (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointmentally with the provisions of all statutes r	D. Box NOT acceptable) , Florida 33408, Florida (Zip code) The code of process for the above stated complete elative to the proper and complete in the proper and compl	to act in this o	PH &: the placeapacity.
Name: Office Address: Registered aglaving been namesignated in this	Corporate Creations Network Inc. 801 US Highway I North Palm Beach (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointmentally with the provisions of all statutes r	D. Box NOT acceptable) , Florida 33408, Florida (Zip code) The code of process for the above stated complete elative to the proper and complete in the proper and compl	to act in this o performance (PH &: the placeapacity.

^{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.

O 01/04/2024 9:50 AM 15612148442 → 18506176383 pg 3 of 4

A. DIRECTORS							
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	175 Greenwich Street	Director					
■ President	16th Floor	□President					
□Vice President	New York, NY 10007	□Vice President					
Secretary	□Treasurer	☐Secretary	□Treasurer				
CEO	Other	□Other	Other				
□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director					
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	Secretary	☐Treasurer				
□Other	Other	□Other	Other				
Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	Secretary	□Treasurer				
Other	Other	Other	□Other				
12. The Future effective date of the filing is: 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. 13. /s/ Jennifer Mollo 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 of							

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 of 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.

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "WUNDERMAN THOMPSON MAP US 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-NINTH DAY OF

DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WUNDERMAN

THOMPSON MAP US INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF MAY,

A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 204941217

Date: 12-29-23