F24000003500

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COVER LETTER

TO:		tration Section ion of Corporations					
SUBJI	ECT:	OOKLA, LLC					
Name of corporation - must include suffix							
Dear S	ir or M	adam:					
"Certif	icate of		of Good Stan	Authorization to Transact Buding" and check are submitted in Florida.			
Please	return a	all correspondence concerni	ing this matter	to the following:			
Robert	Taylor						
			Name of	Person			
Ookla,	LLC						
			Firm/Com	pany			
114 5th	Avenu	e, Floor 15					
			Addre	ss			
New Y	ork, NY	10011					
	···		City/State at	nd Zip code			
corpgo	v@ziffd	avis.com					
		E-mail address	: (to be used f	or future annual report notifi	cation)		
For fur	ther inf	ormation concerning this m	atter, please c	all:			
Robert Taylor at (212) 503-3500		Daytime Telephone					
	Name	e 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			
	nake ch	check for the following amore payable to: FLORIDA DI ng Fee S78.75 Filin Certificate of	EPARTMENT 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.

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
Washington 3.		20-1499376	
(Date of incorporation)		(Date of duration, if other than perpetual)	
	5TH FLOOR, NEW YORK, NY, 10011	ce <u>street</u> address)	
	(Current mailin	g address, if different)	i
. Name and stree	et address of Florida registered agent: (P.C Florida Filing & Search Services, Inc.). Box NOT acceptable)	
	155 OFFICE PLAZA DRIVE		Ċ
ttice Address:	TALLAHASSEE		
iffice Address:	(City)	(Zip code)	٠.
office Address:	ent's acceptance:		ր -

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]:

DocuSign Envelope ID: EE2F342D-078C-42EC-8CEE-14B8437314A0

A. DIRECTORS								
□Chairman	Name: Stephen Bye	□ Chairman	Name:					
□Vice Chairman	Address:	□ Vice Chairman	Address: 114 5TH AVE, 15TH FLOOR					
□Director	NEW YORK, NY, 10011	□Director	NEW YORK, NY, 10011					
■ President		□President						
□Vice President		□Vice President						
□Secretary	☐ Treasurer	Secretary	□Treasurer					
Other	Other	■Other CFO	Other					
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name: Jeremy Rossen Address: 114 5th Avenue, Floor 15 New York, NY 10011					
☐ Director ☐ President		☐ Director ☐ President	New York, NY 10011					
□Vice President		□Vice President						
☐ Secretary	Treasurer	Secretary	□Treasurer					
□Other	Other	■Other EVP	General Counsel					
Chairman	Name:	□Chairman	Name: Julianna Orgel-Eaton					
	NEW YORK, NY, 10011	□Vice Chairman	Address:NEW YORK, NY, 10011					
☐ Director ☐ President		□ Director □ President						
■Vice President		□Vice President						
Secretary	□Treasurer	Secretary	□Trcasurer					
□Other	Other	☐Other	retary 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 of Officer								
I.Z	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. Jeremy Rossen								



1, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

OOKLA, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/18/2004.

1 FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> Issued Date: 03/29/2024 UBI Number: 602 422 103

te R Hobbie



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 03/29/2024