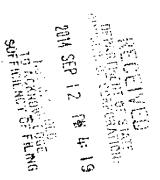
M14000000572

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

Office Use Only



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SEP 1 5 2014
T. HAMPTON



ACCOUNT NO. : I2000000195

REFERENCE: 295603 7503236

AUTHORIZATION

COST LIMIT

ORDER	DATE	:	September	12,	2014
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ORDER TIME : 2:54 PM

ORDER NO. : 295603-005

CUSTOMER NO: 7503236

FOREIGN FILINGS

NAME: UBM MEDICA GROUP LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: UBM Medica Group LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Miriam Morales
Name of Person
UBM LLC
Firm/Company
240 West 35th Street, 8th floor
Address
New York, NY 10001
City/State and Zip Code
miriam.morales@ubm.com
E-mail address: (to be used for future annual report matification)
For further information concerning this matter, please call:
Miriam Morales Name of Contact Person at (212 Area Code) Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
Registration Section Registration Section
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L UBM Medica Group LLC
(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C" or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited. Liability Company," "L.I.,C." or "L.I.C.")
_{2.} Delaware _{3.} 51-0407619
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 150 West 30th Street, 20th Floor
New York, NY 10001
(Street Address of Principal Office)
6. 240 West 35th Street, 8th Floor
New York, NY 10001
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: See Attached
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Marana Marana Signature of an authorized person
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, am aware that any false information submitted in a document to the Department of State constitutes a third degree fellow as provided for in s 817.155, F.S.)
Miriam Morales
Typed or printed name of signee
₹s ÷

SECRETARY OF STATE

Qualification Rider: State of Florida'

EIN # 51-0407619

UBM Medica Group LLC

Current Director and Officer Slate

Directors:

Sally Shankland – 150 West 30th Street, New York, NY 10001

Officers:

Sally Shankland	President	150 West 30 th Street, NY, NY. 10001
Brian Field	Chief Operating Officer	535 Connecticut Avenue, Norwalk, CT 06854
Aharon Shamash	Chief Financial Officer	150 West 30 th Street, NY. NY. 10001
Stacey Lisowski	Senior Vice President	150 West 30 th Street, NY NY 10001
Annmarie Mackerley	Vice President and Secretary	240 West 35 th Street, NY NY 10001
Michael A. Russak, Jr.	Vice President -Tax	600 Community Drive, Manhasset, NY 11030
Irene Carlson	Vice President – Legal	240 West 35 th Street, NY NY 10001
Joshua Blank	Vice President	240 West 35 th Street, NY. NY 10001
Miriam Morales	Assistant Secretary	240 West 35 th Street, NY NY 10001



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability	Company is:	
UBM Medica	Group LLC		
If unavailable	e, the alternate to be used	in the state of Florida is:	
2. The name	and the Florida street ad	dress of the registered agent and office are:	
	Corporation Service C	ompany	
		(Name)	
	1201 Hays Street		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee	32301 FL	
		City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Corporation Service Company

By: ASST VP

S 100.00 Filing Fee for Application S 25.00 Designation of Registered Agent S 30.00 Certified Copy (optional) S 5.00 Certificate of Status (optional)



Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "UBM MEDICA GROUP LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWELFTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UBM MEDICA GROUP LLC" WAS FORMED ON THE THIRTIETH DAY OF MARCH, A.D. 2001.

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

3375676 8300

141173823

DATE: 09-12-14

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

AUTHENTY CATION: 1694014