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(Address)				
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SECRETARY OF STATE
ALLAHASSEE FI OR 18.

JAN 16 2015

COVER LETTER

	ision of Corporations						
SUBJECT:	Informa Exhibit	ions,	LLC				
)	ame of Limit	ted Liability Compar	ıy			
	"Application by Foreign Limited L d check are submitted to register th						
Please return	all correspondence concerning this	matter to th	e following:				
	Patricia Giardi	na					
			Name of Person				
	Informa						
	100 Wall Street, 9th Fl.						
New York, NY 10005							
	City/State and Zip Code						
	patty.giardina@	Dinfo	rma.com				
	<u> </u>	_	ed for future annual r		fication)		
For further in	formation concerning this matter, p	lease call:				TAL TAL	201
Pa	atricia Giardina		₃₁ ,917	[′] 33	2-2185	CARA	5 7
	Name of Contact Person	1	Area Code		Daytime Telephone N	Number	7
MA	ILING ADDRESS:	STRE	ET ADDRESS:			F-10-0	•
	sion of Corporations		on of Corporations			OF STATE FLORIDA	C U E A
_	Registration Section Registration Section Registration Section P.O. Box 6327 Clifton Building						
	ahassee, FL 32314	2661 F	Executive Center C assee, FL 32301	ircle) _A	
Enclosed is	a check for the following am	ount:					
	125.00 Filing Fee \$130.00 F. Certificate	iling Fee &	□ \$155,00 Fili Certified Co	-		ing Fee, Certific 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:

1.	Informa Exhibitions, LLC	
•	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limi bility Company," "L.L.C," or "LLC.")	ted
2.	Delaware 3. 20-1883839	
(,	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5.	3300 N. Central Avenue, Suite 300	
	Phoenix, AZ 85012	
	(Street Address of Principal Office)	
6.	101 Paramount Drive, Ste. 100	
	Sarasota, FL 34232	rance Paren
	(Mailing Address)	
7.	The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Daniel C
S	ee attached addendum	· Support
hav acc	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the office ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translast be submitted)	
	Signature of an authorized person 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 aware that any 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.)	ı are true
	Thomas C. Etter	

Typed or printed name of signee

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.

The name Informa Exhib	of the Limited Liability Continues, LLC	ompany is:		
If unavailable	e, the alternate to be used in	n the state of Florida is:		
2. The name	and the Florida street addr	ress of the registered agent and office are:		
	Corporation Service Con	npany		
	**************************************	(Name)		
	1201 Hays Street			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	32301 AART A		
	-	City/State/Zip		
liability comp registered age statutes relati	nany at the place designated ent and agree to act in this ing to the proper and comp ligations of my position as Corporation Service Comp By:	and to accept service of process for the above stated in the din this certificate, I hereby accept the appointment of capacity. I further agree to comply with the provisions of all elete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, Florida pany (Signature)		
	\$ 100	0.00 Filing Fee for Application		

Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

\$ 25.00 \$ 30.00

5.00

ADDENDUM

INFORMA EXHIBITIONS, LLC

Application by Foreign LLC for Authorization to Transact Business in Florida
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Name	Title	Address
Thomas C. Etter	Manager, Vice President & Secretary	100 Wall Stree, New York, NY 10005
Will Morris	Manager & Executive Vice President	30-32 Mortimer Street, London W1W 7RE UK
John Siefert	Chief Executive Officer	3300 N. Central Avenue, Phoenix, AZ 85012
Kelly Ridley	Chief Financial Officer	3300 N. Central Avenue, Phoenix, AZ 85012
Marc Levine	Vice President of Tax	101 Paramount Drive, Sarasota, FL 34232
Patricia Giardina	Assistant Secretary	100 Wall Stree, New York, NY 10005

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Delaware

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The First State

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

DELAWARE, DO HEREBY CERTIFY "INFORMA EXHIBITIONS, 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 EIGHTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFORMA EXHIBITIONS, LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2004.

3877927 8300

141267139

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 1764253

DATE: 10-08-14

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