# M15000000709

(Re	equestor's Name)			
(Address)				
(Ai	ddress)			
(Ci	ty/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



300268697733

01/28/15--01009--013 \*\*125.00

01/28/15--01009--014 \*\*30.00

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15 JAN 28 AM II: 4

RECEIVED
DEFAULTMENT OF SAME

15 JAN 28 PM L: 50
SECRETARY OF STATE



January 28, 2015

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9420717 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

J2 INTERACTIVE, LLC (DE) Registration Florida

J2 INTERACTIVE, LLC (DE) Cert Copy of Application for Authority-Foreign Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist

#### COVER LETTER

Registration Section

TO:

Divis	ion of Corporations				
SUBJECT:	I2 Interactive, LLC				
Name of Limited Liability Company					
		gn Limited Liability Company for Authorization t to register the above referenced foreign limited lia			
Please return a	ill correspondence co	ncerning this matter to the following:			
	Jen Mooney				
		Name of Person			
	J2 Interactive				
		Firm/Company			
	2 Thirteenth St.				
		Address			
	Charlestown, MA				
		City/State and Zip Code			
	jmooney@j2intera				
		E-mall address: (to be used for future annual report no	otification)		
For further info	ormation concerning t	his matter, please call:			
Jen M	fooney	at (617 ) 24	1 7266		
	Name of 0	Contact Person Area Code	Daytime Telephone Number		
Divisi Regist P.O. E	LING ADDRESS: on of Corporations tration Section 30x 6327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building			
Tallah	nassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
	a check for the fol 25.00 Filing Fee C	owing amount:  1 \$130.00 Filing Fee &	& \$160.00 Filing Fee, Certificate 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:

1. J2 Interactive, LLC	11. 12. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14
(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 Liability Company," "L.L.C," or "LLC.")	alternate name must include "Limited
2. DE 3. N/A	
	er, if applicable)
4. N/A	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability	·)
5. 2 Thirteenth St.	15 SE TAL
Charlestown, MA 02129	
(Street Address of Principal Office)	SS: 28
6. same as above	
	FLC
(Mailing Address)	<u></u>
<ol> <li>The name, title or capacity and address of the person(s) who has/have author</li> <li>Louis LaRocca, Mgr.</li> <li>Thirteenth St., Charlestown, MA 02129</li> </ol>	
2 1 maeria, etc. Charlesenn, mit V212)	
8. Attached is an original certificate of existence, no more than 90 days old, duly having custody of records in the jurisdiction under the law of which it is organiz acceptable. If the certificate is in a foreign language, a translation of the certificate must be submitted)  Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penaltic am aware that any false information submitted in a document to the Department of State constitutes a third degree felor	ted. (A photocopy is not attended to the translator attended to the translator attended to the translator at the facts stated herein are true. I
Louis LaRocca, Mgr	· <del></del>
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.

1. The nam	e of the Limited Liabilit	y Company is:
J2 Interactive,	, LLC	
If unavailab	le, the alternate to be use	ed in the state of Florida is:
2. The name	e and the Florida street a	address of the registered agent and office are:
	NRAI Services, Inc.	
		(Name)
	1200 South Pine Island	Road
	Florida S	Street Address (P.O. Box NOT ACCEPTABLE)
	Plantation	FL, 33324
		City/State/Zip
liability comį registered ag statutes relat	pany at the place designa tent and agree to act in th ing to the proper and cor	ent and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of al mplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, Florida  (Signature)
		(Signature)
	\$	100.00 Filing Fee for Application 25.00 Designation of Registered Agent 30.00 Certified Copy (optional) 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 "J2 INTERACTIVE, 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 TWENTY-SEVENTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "J2
INTERACTIVE, LLC" WAS FORMED ON THE SIXTH DAY OF JULY, A.D.
2001.

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

15 JAN 28 PH L: 50
SECRETARY OF STATE
TALLAHASSEE FI OPIGA

3411805 8300

150105260

AUTHENTYCÄTION: 2072588 DATE: 01-27-15

Jeffrey W. Bullock, Secretary of State

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