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COVER LETTER

TO:		ration Section n of Corporations	
SUBJE		avas Street, LLC	
		Name of Limited Liability Company	
		application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of heck are submitted to register the above referenced foreign limited liability company to transact business in Florida.	
Please r	eturn all	correspondence concerning this matter to the following:	
		Pamela J. Herzenberg	
		Name of Person	
		Pamela J. Herzenberg Attorney at Law	
		Firm/Company	
		10 Julia Court	
Address			
		Tinton Falls, NJ 07712	
		City/State and Zip Code	
		E-mail address: (to be used for future annual report notification)	
For furtl	her infor	mation concerning this matter, please call:	
	Pame	ela J. Herzenberg 732 804-4512	
		Name of Contact Person Area Code Daytime Telephone Number	
	Divisio Registr P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 See, FL 32314 See, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclos		check for the following amount: 5.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

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RUKENU CA CRICMERCIAL INFORMATION SERVICES

February 11, 2015

PAMELA J HERZENBERG, ATTORNEY 10 JULIA CT TINTON FALLS, NJ 07712

SUBJECT: HAVAS STREET, LLC Ref. Number: W15000010277

We have received your document for HAVAS STREET, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 115A00002907

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: Havas Street, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 200 Hudson Street 5. New York, NY 10013 (Street Address of Principal Office) 200 Hudson Street New York, NY 10013 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Havas Formula, LLC, Manager 200 Hudson Street New York, NY 10013 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) 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. I am 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.) Nancy Wynne 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 name of	of the Limited Liability	Company is:			
Havas Street, LLC					
If unavailable,	the alternate to be used	d in the state of Florida is:			
2. The name a	and the Florida street ad	ldress of the registered agent and office are:	TALLAS		
	Corporation Service C	ompany	The Park House of the Park Hou		
		(Name)	- 955 2 T		
	1201 Hays Street		τ.		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		7: 44 STATE STATE			
	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:	Robert O'Byrne
(Signature)	Vice President

\$ 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 "HAVAS STREET, 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 THIRTEENTH DAY OF JANUARY, A.D. 2015.

5657070 8300

150043919

AUTHENTICATION: 2035220

DATE: 01-13-15

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