| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | > #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



600280033526

DEC 1 6 2015

3 MASON

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

REFERENCE : 910308 7402085

ACCOUNT NO. : 12000000195

AUTHORIZATION :

COST LIMIT : \$/\dagger\

ORDER DATE: December 14, 2015

ORDER TIME : 10:02 AM

ORDER NO. : 910308-005

CUSTOMER NO: 7402085

FOREIGN FILINGS

NAME: ACCUEN LATIN AMERICA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:

Registration Section

| Div | ision of Corporatio | ns | | | | | | |
|--------------------------------|---|---|---------------------------------|---|---|---|--|--|
| SUBJECT: | Accuen Latin Amer | rica LLC | | | | | | |
| | | Name of Limited Liability Company | | | | | | |
| | | reign Limited Liability Comp ed to register the above refere | | | | | | |
| Please return | all correspondence | concerning this matter to the | following: | | | | | |
| | Denise Thobe | | | | | | | |
| | <u> </u> | N | ame of Person | | | | | |
| | Omnicom Med | lia Group | | | | | | |
| | Firm/Company | | | | | | | |
| | 195 Broadway | | | | | | | |
| Address | | | | | | , | | |
| | New York, NY 10007 | | | | | | | |
| | | City/S | tate and Zip Code | | | • | | |
| | denise.thobe@or | mnicommediagroup.com | | | | | | |
| | | E-mail address: (to be used | for future annua | report not | ification) | , | | |
| For further in | nformation concerning | g this matter, please call: | | | | | | |
| Der | nise Thobe | | 212 _ at (| 590-71: | · | _ | | |
| | Name o | of Contact Person | Area Code | Day | time Telephone Number | | | |
| Div R e g P.O | ILING ADDRESS: ision of Corporation: istration Section . Box 6327 ahassee, FL 32314 | | | Division Registrati Clifton B 2661 Exe | ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301 | | | |
| | check for the follow 125.00 Filing Fee | ring amount: \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$ | S155.00 Filit Certified Copy | | ☐ \$160.00 Filing Fee, C of Status & Certified Co | | | |

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:

| (Name of Fore | eign Limited Liability Company; mus | f include "Limited Liabil | ity Company," "L.I | C.," or "LLC.") | |
|---|--|---|--|--|------------------------------------|
| f name unavailable, enter aliability Company," "L.L.C, | iternate name adopted for the purpose " or "LLC.") | of transacting business | in Florida. The alter | nate name must in | nclude "Limited |
| Delaware | | 3. 81-0797844 | | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | 3 | (FEI number, if ap | plicable) | |
| | (Date first transacted busines | s in Florida, if prior to r | egistration.) | | |
| | (See sections 605.0904 & 605.0 | 905, F.S. to determine p | enalty liability) | | |
| 6205 Blue Lagoon Dri | ve, Suite 650 | | | | |
| Miami, FL 33126 | | | | | |
| 111111111111111111111111111111111111111 | (Street Address of P | rincipal Office) | | | |
| 195 Broadway | , | • | | | 9 |
| · <u></u> | | | | 1 | |
| New York, NY 10007 | | | | | ર્વ *** • ****** |
| | (Mailing A | .ddress) | | 25 - | |
| . Name and street addres | ss of Florida registered agent: (P.0 | D. Box NOT acceptal | ole) | Market Co | |
| | Corporation Service Company | | , | ▶ | |
| Name: | Corporation Sol vice Company | | | 유민 | o 🖢 |
| Office Address: | 1201 Hays Street | | | 高田 岩 | ų |
| | Tallahassee | | Florida <u>32301</u> | | _ |
| | (City) | | , riorida(Zip d | nde) | |
| esignated in this applica complywith the provisi | gistered agent and to accept serve tion, I hereby accept the appoints ons of all statutes relative to the p my position as registered agent. Corporation Service Company | ment as registered age proper and complete p | ent and agree to a erformance of m | ct in this capaci y duties, and I a | ity. I further a im familiar wi |
| | By: | 101.72 | VO | Melissa Ze | mdo- |
| | (Registe | red agent's agnature) | Α | sst. Vice Pre | uder |
| . The name, title or capa | acity and address of the person(s) | who has/have authority | y to manage is/are | : | esident |
| _ | zed Person, 195 Broadway, New | | | | |
| | | | | | - |
| | | | | | _ |
| • | | | | | |
| | • | <u></u> | | | - |
| Attached is a certificate urisdiction under the law f the translator must be so | of existence, no more than 90 day of which it is organized. (If the ce ubmitted) | s old, duly authentica rtificate is in a foreign | ted by the official language, a trans | having custody lation of the cert | of records in the ificate under o |
| | | / . | | | |
| | Signature | of an authorized person | | | |
| | l in accordance with section 605.0 | | | | |
| submitted in a document to | the Department of State constitut | es a third degree felon | y as provided for | in s.817.155, F.S | Š. |

Typed or printed name of signee

Eric Meyerowitz

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ACCUEN LATIN AMERICA 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 FOURTEENTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACCUEN LATIN AMERICA LLC" WAS FORMED ON THE TENTH DAY OF DECEMBER, A.D. 2015.

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

Authentication: 10608338

Date: 12-14-15

5904819 8300 SR# 20151334699