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(Requestor's Name)				
(Address)				
Iress)				
/State/Zip/Phone	#)			
☐ WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certificates	of Status			
iling Officer:				
	ress) /State/Zip/Phone WAIT iness Entity Name			

Office Use Only



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16 MAR | 1 AM 7: 51

MAR 1 4 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 052203 740208

AUTHORIZATION : Spelle le la se

COST LIMIT : \$' 125.00

ORDER DATE: March 10, 2016

ORDER TIME : 11:12 AM

ORDER NO. : 052203-005

CUSTOMER NO: 7402085

FOREIGN FILINGS

NAME: OMNET 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: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	ns			
SUBJECT:	OMnet Latin Ameri	ica LLC			
		Name of I	Limited Liability C	отрапу	
The enclosed Existence, ar	l "Application by For id check are submitte	reign Limited Liability Comp ed to register the above refere	any for Authorizat nced foreign limite	ion to Tran ed liability	nsact Business in Florida," Certificate o company to transact business in Florida
Please return	all correspondence	concerning this matter to the	following:		
	Denise Thobe				
•	Name of Person				
	Omnicom Med	lia Group			
	Firm/Company				
	195 Broadway				
	Address				
	New York, NY 10007				
		City/St	ate and Zip Code		
	denise.thobe@or	mnicommediagroup.com			
		E-mail address: (to be used	for future annual	report noti	fication)
For further in	nformation concernin	g this matter, please call:			
De	nise Thobe		212 at (590-715	2
	Name o	of Contact Person	Area Code	Dayt	ime Telephone Number
Div Reg P.C	ILING ADDRESS: ision of Corporations gistration Section b. Box 6327 lahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ce, FL 32301
	a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g 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 RESINESS. IN THE STATE OF FLORIDA:

, OMnet Latin America	JSINESS IN THE STATE OF FLORIDA: LLC				
(Name of Fore	eign Limited Liability Company; mus	t include "Limited Lia	bility Company," "L.L.C" o	r "LLC.")	
	Iternate name adopted for the purpose	of transacting busines	s in Florida. The alternate na	ime must include "Limited	
Liability Company," "L.L.C, 2. Delaware	or "LLC.)	3. 81-1720116			
(Jurisdiction under the law	of which foreign limited liability	3.	(FEI number, if applicable	e)	
company is organized) A February 8, 2016					
4. <u>reordary 6, 2010</u>	(Date first transacted busines	ss in Florida, if prior to	registration.)	_	
5. 6205 Blue Lagoon Dri	(See sections 605,0904 & 605.0 ive, Suite 650	0905, F.S. to determine	e penalty hability)	arrive.	
Miami, FL 33126					
	(Street Address of P	rincipal Office)		_	
6. 195 Broadway				_	
New York, NY 10007				_	
	(Mailing A	(ddress)			
7. Name and street address	ss of Florida registered agent: (P.0	O. Box NOT accept	able)	<u>.</u> 5	
Name:	Corporation Service Company				٠,
Office Address:	1201 Hays Street				nagag :
	Tallahassee		_ , Florida <u>32301</u>		
Registered agent's accep	(City)		(Zip code)		أ دو دوست
Having been named as re designated in this applica to complywith the provisi	gistered agent and to accept servition, I hereby accept the appoints ons of all statutes relative to the pmy position as registered agent. Corporation Service Company By:	ment as registered a proper and complete	gent and agree to act in the performance of my dutie Courtne	his capacity. I further ag	ree
8. The name, title or cap:	acity and address of the person(s)	who has/have author	rity to manage is/are:		
	95 Broadway, New York, NY 100				
Brad Nodiff, Manager, 19	95 Broadway, New York, NY 100	07			
Eric Meyerowitz, Manage	er, 195 Broadway, New York, NY	10007			
9. Attached is a certificate jurisdiction under the law of the translator must be s	- al	ys old, duly authentic ertificate is in a forei	gn language, a translation of	g custody of records in the of the certificate under oat	:h
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitute	203 (1) (b), Florida tes a third degree fel	Statutes. I am aware that as ony as provided for in s.81	ny false information 7.155, F.S.	
	Eric Meyerowitz				

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OMNET 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 TENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMNET LATIN

AMERICA LLC" WAS FORMED ON THE THIRD DAY OF FEBRUARY, A.D. 2016.

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

Authentication: 201962829

Date: 03-10-16

COVER LETTER

TO:		ration Section on of Corporatio	ons			
SUBJI		Mnet Latin Ame	rica LLC			
			Name of	Limited Liability	Company	
The en Exister	iclosed "A nce, and c	application by Fo theck are submitt	oreign Limited Liability Com ed to register the above refer	pany for Authoriz renced foreign lim	ation to Ti ted liabili	ransact Business in Florida," Certifica ty company to transact business in Flo
lease	return all	correspondence	concerning this matter to the	following:		
		Denise Thobe				
	•		7	lame of Person		
		Omnicom Med	dia Group			
			F	irm/Company		
		195 Broadway	•			
				Address	· · · · · · · · · · · · · · · · · · ·	
		New York, NY	<i>?</i> 10007			
			City/S	State and Zip Code		
		denise.thobe@o	mnicommediagroup.com			
	•		E-mail address: (to be use	d for future annua	report no	tification)
or fun	ther infor	mation concernir	ig this matter, please call:			
	Denise Thobe		212 at (590-71	152	
		Name	of Contact Person	Area Code	Da	ytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclose		eck for the follow .00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy