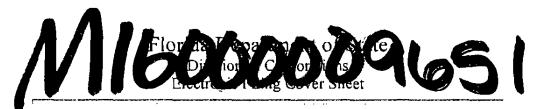
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Prione : (614)280-3338 Fax Number : (954)209-0977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company VitroRobertson LLC

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COVER LETTER

TO:	Registration Section Division of Corporation	s ,					
SUBJEC	VitroRobertson LLC						
		Name of Limited Liability Company					
The encl Existence	osed "Application by Fore	eign Limited Liability Compr I to register the above referen	any for Authorizat need foreign limit	ion to Trat ed liability	nsact Business in Florida," company to transact busin	Certificate of sess in Florida,.	
Please re	sturn all correspondence co	oncerning this matter to the f	following:				
	Bridgett Dixon						
Name of Person							
MDC Partners							
Firm/Company							
745 5th Avenue, 19th FI,						,e	
		Address					
New York, NY 10151							
	- 	City/State and Zip Code					
bdixon@ndc-partners.com							
	E-mail address: (to be used for future annual report notification)						
For furth	ner information concerning	this matter, please call;					
	Bridgett Dixon	,	646 at (429-180) 2		
	Name o	Contact Person	Area Code	Days	time Telephone Number	•	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, PL 32314			Division of Registration Clifton Bu 2661 Exc	ADDRESS: of Corporations on Section ailding outive Center Circle ee, FL 32301		
Enclosed	d is a check for the following \$125.00 Filing Fee	ing amount: El \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	g Fee &	☐ \$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 ISSUBMITTED TO REGISTER A FOREKSIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L. VitroRobertson LLC [Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.") (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 33-1096373 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) DIVISION OF COSTOLIZATIONS company is arganized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2305 Historic Decatur Road, Suite 205 San Diego, CA 92106 (Street Address of Principal Office) 2305 Historic Decatur Road, Suite 205 San Diego, CA 92106 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. C T Corporation System Assistant Secretary (Registered agoff's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: (see attached) 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) an huthorized person This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. 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. Mitchell Gendet

Typed or printed name of signee

Florida Secretary of State

Qualification Application

1. Limited Liability Company Name:

VitroRobertson LLC

8. Name, Title and Address of Managers and Officers:

Tom Sullivan, Manager / President & CEO 2305 Historic Decatur Road, Suite 205, San Diego, CA 92106

John Vitro, Manager / Partner, Co-Creative Director 2305 Historic Decatur Road, Suite 205, San Diego, CA 92106

Mitchell Gendel, Manager / Secretary 745 5th Avenue, Fl. 19,. New York, NY 10151

David Ross, Manager / Vice President 745 5th Avenue, Fl. 19,, New York, NY 10151

David Doft, Manager / Treasurer 745 5th Avenue, Fl. 19, New York, NY 10151

Dennis McGuire, Assistant Treasurer 745 5th Avenue, Fl. 19,, New York, NY 10151

Steven Altamore, Vice President Tax 745 5th Avenue, Fl. 19,. New York, NY 10151 DIVISION OF CONTRACTOR



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

DELAWARE, DO HEREBY CERTIFY "VITROROBERTSON 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 FIRST DAY OF DECEMBER, A.D. 2016.

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

3827439 8300

SR# 20166867080

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

Authentication: 203430334

Date: 12-01-16