N17000000106

Resubmission, please keep original file date of 12/30/2016

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Resubmission, please keep original file date of 12/30/2016

Note: Please print this page and use it as a cover sheet. *Type the fax audit number* (shown below) on the top and bottom of all pages of the document.

(((H16000319562 3)))

H16000319562 3ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Resubmission, please keep original file date of 12/30/2016

Resubmission, please keep original file date of 12/30/2016

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

Email Address: _____

RECEIVED
2017 JAN -4 AM 9:46
TALLAHASSEE, FLORIDA

16 DEC 30 AM 11:38
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
Experian Marketing Solutions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$125.00

Resubmission, please keep original file date of 12/30/2016

Resubmission, please keep original file date of 12/30/2016

Electronic Filing Menu Corporate Filing Menu Help

Resubmission, please keep original file date of 12/30/2016

JAN 05 2017

Y SULKER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Experian Marketing Solutions, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Maria Principe
Name of Person

DLA Piper LLP
Firm/Company

203 N. LaSalle Street, Suite 1900
Address

Chicago, IL 60601
City/State and Zip Code

coleen.bott@experian.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Principe at (312) 368-3404
Name of Contact Person Area Code Daytime 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

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy ☐ $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. Experian Marketing Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Experian Marketing, LLC

(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.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-4678737
(FEI number, if applicable)

4. Upon Qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 475 Anton Boulevard, Bldg. D, Costa Mesa, CA 92626
(Street Address of Principal Office)

6. Same
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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 comply with 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.

By: C T Corporation System James M. Halpin
(Registered agent's signature) Assistant Secretary

16 084-305 FILED FLORIDA

8. The name, title or capacity and address of the person(s) who has/have authority to manage limits:

Experian Marketing Solutions, Inc., 475 Anton Boulevard, Bldg. D, Costa Mesa, CA 92626, Authorized Member (AMBR)

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)

Signature of an authorized 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.

By: Experian Marketing Solutions, Inc., sole Member

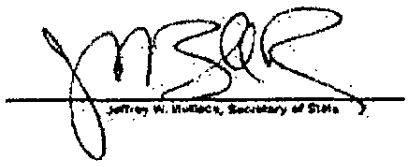
By: Susan Engel, Secretary
Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXPERIAN MARKETING SOLUTIONS, 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-SECOND DAY OF DECEMBER, A.D. 2016.

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



6235322 8300

SR# 20167226896

Authentication: 203569952

Date: 12-22-16

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