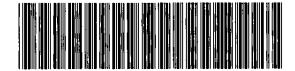
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(Req	uestor's Name)				
(Add	ress)				
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(City.	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
Certified Copies					
Special Instructions to F	iling Officer:				

Office Use Only



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JAN 1 0 2017 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 451520 7534557								
AUTHORIZATION: Spelle Bleman								
COST LIMIT : \$ 155.00								
ORDER DATE : January 6, 2017								
ORDER TIME : 10:24 AM								
ORDER NO. : 451520-005								
CUSTOMER NO: 7534557								
FOREIGN FILINGS								
NAME: CPX INTERACTIVE LLC								
XXXX QUALIFICATION (TYPE: <u>LL</u> )								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
XX CERTIFIED COPY PLAIN STAMPED COPY								

EXAMINER: \_\_\_\_\_

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

## COVER LETTER

Registration Section

TO:

Div	ision of Corporation	S					
SUBJECT:	CPX Interactive LLC						
pobouto	Name of Limited Liability Company						
The enclosed Existence, as	1 "Application by Ford ad check are submitted	eign Limited Liability Compa I to register the above referen	any for Authorization to need foreign limited liab	Transact Business in Florida," Certificate of ility company to transact business in Florida			
Please return	all correspondence c	oncerning this matter to the f	following:				
	Erez Feld						
	Name of Person						
	CPX Interactive LLC						
	. Firm/Company						
	1441 Broadway 18th Floor						
	Address						
	New York, NY	10018					
	City/State and Zip Code						
	efeld@cpxi.com						
		E-mail address: (to be used	for future annual report	notification)			
For further	information concernin	g this matter, please call:					
Er	ez Feld		646 863	8-8334			
	Name o	of Contact Person	Area Code	Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divis Regis Clifto 2661	EET ADDRESS: ion of Corporations stration Section on Building Executive Center Circle hassee, FL 32301				
	a check for the follow \$125.00 Filing Fee	ving amount:  \$\Bigcup \$130.00 \text{ Filing Fee & Certificate of Status}\$	区\$155.00 Filing Fee Certified Copy	& \$\sum \$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. CPX Interactive LLC				
(Name of Fore	ign Limited Liability	y Company; must include "Limited Lia	ibility Company," "L.L.C.,"	or "LLC.")
		d for the purpose of transacting busine	ss in Florida. The alternate	name must include "Limited
Liability Company," "L.L.C," 2. New York	or LLC.	20-3664765		
2. (Jurisdiction under the law)	of which foreign lim	.a.	(FEI number, if applica	ble)
company is organized)				
4	(Date first to	ransacted business in Florida, if prior t	o registration.)	<del></del>
1441 D down 104 F	`	605,0904 & 605,0905, F.S. to determin	ne penalty liability)	
5. 1441 Broadway 18th F	1001			
New York, NY 10018				
1441 D J 1041 IV		reet Address of Principal Office)		
6. 1441 Broadway 18th Fl				<del></del>
New York, NY 10018				
		(Mailing Address)		<del></del>
7. Name and street address	<u>s</u> of Florida regist	ered agent: (P.O. Box NOT accept	otable)	ú
Name:	Corporation Serv	vice Company		
Office Address:	1201 Hays Stree	it		
Onsee Address.	Tallahassee	· · · · · · · · · · · · · · · · · · ·	—	
		(City)	, Florida(Zip code)	
Registered agent's accep	tance:			3 3
Having been named as re	gistered agent and aton. I hereby acc	d to accept service of process for t ept the appointment as registered	he above stated limited l upent and apree to act it	lability company at the place in this capacity. I furtifier agree
to complywith the provisi	ons of all statutes	relative to the proper and comple	te performance of my di	itles, and I am familia with an
accept the obligations of	my position as reg Corporation Se	gistered agent. rivice Company	1.	<b>364</b> –
	By:	101.72	2010	Melissa Zender
		(Registered agent's signature	*) A	Asst. Vice President
8. The name, title or capa	acity and address of	of the person(s) who has/have auth	ority to manage is/are:	
Michael Seiman - Manag	zer		· · · · · · · · · · · · · · · · · · ·	·····
1441 Broadway 18th Floo	or New York NY	10018		
				<del></del>
		more than 90 days old, duly authen anized. (If the certificate is in a fore		
of the translator must be s	_	anized. (If the certificate is at a join	orgii language, a translatio	of the confidence and of oad
		Signature of an authorized per	son	
This document is executed	d in accordance wi	ith section 605.0203 (1) (b), Florid	a Statutes. I am aware tha	t any false information
submitted in a document t	o the Department	of State constitutes a third degree f	clony as provided for in s	.817.155, F.S.
	Michael Seiman			
		Typed or printed name of signo	e	

## State of New York Department of State } ss:

I hereby certify, that MCD MEDIA LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/28/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment MCD MEDIA LLC, changing its name to CPX INTERACTIVE LLC, was filed 12/07/2005.



Witness my hand and the official seal of the Department of State at the City of Albany, this 04th day of January two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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