## m1700001617

| (Requestor's Name)                      |                   |           |  |  |  |  |
|---|-------------------|-----------|--|--|--|--|
| (Address)                               |                   |           |  |  |  |  |
| (Address)                               |                   |           |  |  |  |  |
| (Cit                                    | y/State/Zip/Phone | #)        |  |  |  |  |
| PICK-UP                                 | WAIT              | MAIL      |  |  |  |  |
| (Bu                                     | siness Entity Nam | ne)       |  |  |  |  |
| (Document Number)                       |                   |           |  |  |  |  |
| Certified Copies                        | _ Certificates    | of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                   |           |  |  |  |  |
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RECEIVED
2017 FEB 23 PM 4: 3
SECRETARY OF STATE
TALLAHASSEE FI DENT

S Warren

FEB 2 4 2017

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 519873 4325457

AUTHORIZATION :

COST LIMIT : \$,160.00

ORDER DATE: February 22, 2017

ORDER TIME : 3:10 PM

ORDER NO. : 519873-005

CUSTOMER NO: 4325457

#### FOREIGN FILINGS

NAME: ENGAGE UNI LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

#### **COVER LETTER**

| то:    | Registration Section Division of Corporation   | ns  |   |   |  |                          |  |
|--------|--|---|---|---|--|--------------------------|--|
| SUBJ   | ENGAGE UNI LLO   |   |   |   |  |                          |  |
| SUBJ   | ECT:   |   | Limited Liability C                       | Company   |  |                          |  |
| The en | nclosed "Application by Fonce, and check are submitted   | reign Limited Liability Comp<br>ed to register the above refere | eany for Authoriza<br>enced foreign limit | tion to Tra<br>ed liability                     | nsact Business in Florida," Cert<br>company to transact business i     | tificate of<br>n Florida |  |
| Pleaso | return all correspondence  | concerning this matter to the                                   | following:                                |   |  |                          |  |
|        | Ilan Katz  |   |   |   |  |                          |  |
|        |  | Na  | ame of Person                             | •   |  |                          |  |
|        | Dentons US L   | L.P   |   |   |  |                          |  |
|        | Firm/Company   |   |   |   |  |                          |  |
|        | 1221 Avenue o  | of the Americas   |   |   |  |                          |  |
|        | Address  |   |   |   |  |                          |  |
|        | New York, NY   | / 10020-1089  |   |   |  |                          |  |
|        | <del></del>  | City/S  | tate and Zip Code                         |   |  |                          |  |
|        | ilan.katz@dento  | ns.com  |   |   |  |                          |  |
|        | <u> </u>   | E-mail address: (to be used                                     | d for future annual                       | report not                                      | ification)   |                          |  |
| For fu | orther information concerning  | ng this matter, please call:                                    |   |   |  |                          |  |
|        | Ilan Katz  |   | 212<br>at (                               | 632-55  |  |                          |  |
|        | Name   | of Contact Person   | Area Code                                 | Day   | time Telephone Number  |                          |  |
|        | MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 | =   |   | Division<br>Registrati<br>Clifton B<br>2661 Exe | of Corporations ion Section uilding ceutive Center Circle ce, FL 32301 |                          |  |
| Enclo  | sed is a check for the follow ☐ \$125.00 Filing Fec  | ving amount:  ☐ \$130.00 Filing Fee & Certificate of Status     | □ \$155.00 Filir<br>Certified Copy        | ng Fee &  | △\$160.00 Filing Fee, Certifit of Status & Certified Copy              | icate                    |  |

### 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. ENGAGE UNI LLC  | cign Limited Liability Company; must in  | clude "Limited Liability Con                                      | nnany " "L.L.C. " or "I | LC")                                    |  |
|--|--|---|-------------------------|---|--|
| ENGAGE UNI LLC   | eigh Bhilited Blabinty Company, must h   | ender Emmed Endomny Con   | inpuny, B.B.C., or i    | . , , , , , , , , , , , , , , , , , , , |  |
| (If name unavailable, enter al<br>Liability Company," "L.L.C,                      | lternate name adopted for the purpose of "or "LLC.")   | transacting business in Flori                                     | da. The alternate name  | must inc                                | lude "Limited                            |
| 2. Delaware (Jurisdiction under the law  | of which foreign limited liability   | 3(FEI n   | umber, if applicable)   |   |  |
| company is organized)  |  |   |                         |   |  |
| 4  | (Date first transacted business i<br>(See sections 605.0904 & 605.090  | n Florida, if prior to registrati<br>5, F.S. to determine penalty | ion.)<br>liability)     |   |  |
|  | - O I al El 22017  |   |                         |   |  |
| 8501 Amber Oak Driv  | (Street Address of Prin  | cinal Office)   | X* (A)                  | 73                                      |  |
| 6.   | (Silver Addiess of Frin  | •   |                         |   | -  |
| 8501 Amber Oak Driv  |  |   | 887.                    | က်<br>( <b>့</b>                        | ( <del>100.2 **</del> 1                  |
|  | (Mailing Add   | ress)   | 70                      | ω<br>~                                  | m  |
| 7. Name and street address   | ss of Florida registered agent: (P.O.  | Box <u>NOT</u> acceptable)  | FLOFILO                 | <b>₽</b>                                | D  |
| Name:  | Corporation Service Company  | · · · · · · · · · · · · · · · · · · ·                             | RIDA                    | 0                                       |  |
| Office Address:  | 1201 Hays Street   |   |                         | **                                      |  |
|  | Tallahassee  | , Floric  | da 32301                |   |  |
| Registered agent's accep   | (City)   | · · · · · · · · · · · · · · · · · · ·                             | (Zip code)              |   |  |
| Having been named as re<br>designated in this applica<br>to complywith the provisi | egistered agent and to accept service<br>tion, I hereby accept the appointme<br>ions of all statutes relative to the pro<br>my position as registered agent.<br>Corporation Service company<br>By: | nt as registered agent and  | l agree to act in this  | capacit<br>and I ai                     | y. I further agree<br>n familiar with ar |
|  |  | l agent's signature)  | Asst. V                 | icé Pr                                  | esident                                  |
| 8. The name, title or cap  | acity and address of the person(s) wh  | o has/have authority to ma  | anage is/are:           |   |  |
| •  | Amber Oak Drive, Orlando, FL 32817 - I   | _   |                         |   |  |
|  |  |   |                         |   | -  |
|  |  |   |                         |   | -  |
|  |  |   |                         |   | -  |
|  | e of existence, no more than 90 days of which it is organized. (If the certiubmitted)  |   |                         |   |  |
|  | Janie +  | A   |                         |   |  |
|  | Signature of   | in 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.

Daniel F. Justin

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ENGAGE UNI 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 FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENGAGE UNI LLC"

WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2017.

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

6301839 8300

SR# 20171130410

Date: 02-22-17

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

Jeffrey W. Bullock, Secretary of State

Authentication: 202079092