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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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2021 MAY 26 P 12: 36
SECRETARY OF STATE

D. BRUCE MAY 3 0 2017

COVER LETTER

TO:

Registration Section Division of Corporations

C-4 Analytics, 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:		
	Sara Pelczar			
	N	lame of Person		
	C-4 Analytics, LLC			
	F	irm/Company		
	999 Broadway, Suit	e 500		
		Address		
	Saugus, MA 0906			
	City/S	State and Zip Code		ZE SE
	sara.bushnell@c-4a	nalytics.	com	21 HAY ECRED
	E-mail address: (to be use	d for future annua	l report notification)	TARY ASSE
For further in	nformation concerning this matter, please call:			mic or
S	ara Pelczar	617	250-8888	FISIA FISIA
	Name of Contact Person	Area Code	Daytime Telephon	Nümber
Div Reg P.O	ision of Corporations gistration Section Box 6327 lahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Of 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:

	name adopted for the purpose of transacting business	in Florida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")
lassachusetts	which foreign limited liability company is organized)	3, <u>27-1107000</u>	number, if applicable)
(Jurisdiction under the taw of v	vinch foreign infinied hability company is organized)	(FCI)	number, it applicable)
	(Date first transacted business in Florida, if pr	rior to registration	
1.01	(See sections 605.0904 & 605.0905, F.S. to d	letermine penalty liability)	* 5 00
(Street Address of	Sangrol Tace	6. 999 Broadway, St	Address)
Winterpar	K, FL	Saugus, MA 0190	
0	·		·
			2021 SEI ALLI
lame and street addre	ss of Florida registered agent: (P.O.	Box NOT acceptable)	AR #
Name:	InCorp Services, Inc	· · · · · · · · · · · · · · · · · · ·	ECRETARY ALLAHASSE
Office Address:	17888 67th Court No.		me III
	Lavabatabaa El	00.476	
	Loxanatchee El	er:_ 334/(
istered agent's acce	Loxahatchee, FL (City)	, Florida 33470	a.v. = 1
ving been named as r gnated in this applica omply with the provis	(City)	(Zip e of process for the above stated limit ent as registered agent and agree to oper and complete performance of t	ited liability company at the pact in this capacity. I further
ignated in this applic comply with the provis l accept the obligation	(City) ptance: egistered agent and to accept service ation, I hereby accept the appointme sions of all statutes relative to the pro us of my position as registered agent	(Zipe of process for the above stated limitent as registered agent and agree to oper and complete performance of regions; (Signature)	ited liability company at the place in this capacity. I further my duties, and I am familiar w
ving been named as r ignated in this applice omply with the provist accept the obligation The name, title or cap	(City) ptance: egistered agent and to accept service ation, I hereby accept the appointme sions of all statutes relative to the pre us of my position as registered agent. (Registered ag	(Zipe of process for the above stated limitent as registered agent and agree to oper and complete performance of regions; (Signature)	ited liability company at the pi act in this capacity. I further ny duties, and I am familiar w
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ing been named as rignated in this application with the provision accept the obligation. The name, title or capacity: Justin Cook Michael Weiss The attachments if neces attached is a certificate diction under the law	(City) ptance: egistered agent and to accept service ation, I hereby accept the appointment of all statutes relative to the pressor of all statutes registered agent. (Registered agent and address of the person(s) who Name and Address: 6 Robin Lane Swampscott, MA 01907 5 Green Meadow D Lynnfield, MA 01940 essary) e of existence, no more than 90 days of of which it is organized. (If the certification in the content of the certification in the c	gent's signature) Title or Capacity: VP & Legal Council T. Managing Partner Managing Partner	ited liability company at the plact in this capacity. I further my duties, and I am familiar was a second s
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3773 Howard Hughes Parkway. Suite 500S Las Vegas, NV 89169

Phone 702.866 2500 Toli-Free 800.2.INCORP (1-800-246-2677) Fax 702.866.2689

www.incorp.com

May 15, 2017

Corporations Division
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: C-4 Analytics, LLC

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at 17888 67th Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **C-4 Analytics, LLC** for purposes and services only related to the Florida Department of State.

If there are any questions, please contact me at (800) 246-2677, Monday-Friday, 8am-5pm PST.

Sincerely.

Kathy Shin, Processor InCorp Services, Inc. kathy.shin@incorp.com

SECRETARY OF STATE

FILED



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02138

May 15, 2017

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

C-4 ANALYTICS, LLC

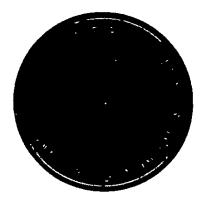
in accordance with the provisions of Massachusetts General Laws Chapter 156C on October 14, 2009.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: JUSTIN R COOK ESQ, MICHAEL WEISS

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: JUSTIN R COOK ESQ, MICHAEL WEISS, CHARLES VITALE

The names of all persons authorized to act with respect to real property listed in the most recent filing are: JUSTIN R COOK ESQ



In testimony of which,

I have hereunto affixed the

I have heredine unitated the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Tranino Gallein