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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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FILED

17 JUL -3 AM 8: 57 17 IIII -3 AM IN IN
DIVISION OF CORPORATIONS

O SINIMONS JUL 0 5 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 708229 5123330

AUTHORIZATION : Spells

COST LIMIT : \$\sqrt{125}\cdot 00

ORDER DATE: June 30, 2017

ORDER TIME : 9:36 AM

ORDER NO. : 708229-010

CUSTOMER NO: 5123330

FOREIGN FILINGS

NAME: IDEABAR, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:

Registration Section

| BJECT: | Ideabar, LLC | | | |
|--------------------------|---|--|--|--|
| DOME 1. | | Name of | Limited Liability Company | |
| e enclosed stence, ar | l "Application by Fo nd check are submitte | reign Limited Liability Comp ed to register the above refer | pany for Authorization to Tr enced foreign limited liabilit | ansact Business in Florida," Certifica ty company to transact business in Flo |
| ase return | all correspondence | concerning this matter to the | following: | |
| | Joan Como | | | |
| | · · · · · · · · · · · · · · · · · · · | N | ame of Person | |
| | Cox Enterprise | es, Inc. | | |
| | | F | irm/Company | |
| | 6205-A Peach | tree Dunwoody Rd | | |
| | | | Address | |
| | Atlanta, GA 3 | 0328 | | |
| | | City/S | tate and Zip Code | |
| | joan.como@cox | | | |
| | | E-mail address: (to be use | d for future annual report no | tification) |
| further is | nformation concerni | ng this matter, please call: | | |
| Joa | n Como | | 678 645.08 | 335 |
| | Name | of Contact Person | | ytime Telephone Number |
| Div | ILING ADDRESS | | Division | r ADDRESS; of Corporations |
| | distration Section Box 6327 | | Registra Clifton I | tion Section Building |
| Tali | lahassee, FL 32314 | | | ocutive Center Circle see, FL 32301 |
| | a check for the follow | | | <u></u> |
| □ \$ | 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 RECESTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | sure adopted for the purpose of transacting bus | iness in Florida. The | alternate name must include "Lis | mited Liability Company | """LLC," or "LLC.") |
|---|--|---|--|---|--|
| Delaware | nich foreign limited liability company is organiz | 3 | | PPI number, if applicab | <u> </u> |
| C L | ven vocalla museca metanti estabutik is ordani | wy | (| летививет и върнево | ac) |
| upon +ili | Affaite first transacted basiness in Florida | if mice to registratio | n Y · | | |
| (ans. in . i | (See sections 605.0904 & 605.0905, F.S | = | | | |
| 6205-A Peachtree Dun (Street Address of P | | 6. | Attn: CEI Legal Dep | it. lling Address) | |
| Atlanta, GA 30328 | | | 6205-A Peachtree Dr | | |
| | | | Atlanta, GA 30328 | : | 5101 |
| | | | | | 9 1 |
| lame and street addres | g of Florida registered agent: (P. | O. Box. NOT | acceptable) | | DIVISION OF COMPOSITIONS |
| Name: | Corporation Service Company | | | | Tage 1 |
| Office Address: | 1201 Hays Street | - | | | (G.) |
| Office Address. | | · | | | Q. |
| | Tallahassee (City) | ·-·· | , Florida <u>3230</u> | (Zip code) | |
| istered agent's accept | | | | | |
| ving been named as re gnated in this applicat omply with the provisi | ance: gistered agent and to accept servitor, I hereby accept the appoint ons of all statutes relative to the of my position as registered ag | tment as regist proper and co | ered agent and agree | to act in this cap of my duties, and | oacity. I further ag II am familiar wit |
| ving been named as re ignated in this applicat omply with the provisi | gistered agent and to accept serviton, I hereby accept the appoint ons of all statutes relative to the of my position as registered age Corporation Service Compan | tment as regist proper and co ent | ered agent and agree | to act in this cap of my dutles, and Mel | pacity. I further ag I I am familiar with ISSA Zender |
| ving been named as re ignated in this applicat comply with the provisi | gistered agent and to accept serviton, I hereby accept the appoint ons of all statutes relative to the of my position as registered age Corporation Service Compar By: | tment as regist proper and co ent | ered agent and agree | to act in this cap of my dutles, and Mel | oacity. I further ag II am familiar wit |
| ving been named as rej ignated in this applicat omply with the provisi accept the obligations The name, title or capa | gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the of my position as registered age Corporation Service Compar By: (Register city and address of the person(s) | ment as regist proper and co ent. IV Journ's Manure) | ered agent and agree implete performance of | to act in this cap of my duties, and Mel ——————————————————————————————————— | pacity. I further ag I I am familiar with ISSA Zender |
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| ving been named as resignated in this applicated in this applicated in this applicated accept the obligations. The name, title or capa Title or Capacity: Assistant Secretary see attachments if necesses attachments if necesses attachments in the law of the translator must be sufficient to the translator | gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the of my position as registered age Corporation Service Compar By: (Register Compar By: (Register Compar By: Amber N. Hall 6205-A Peachtree Dur Rd. Atlanta, GA 302 At | ment as regist proper and co ent. The description of the second of the | authority to manage is itle or Capacity: thenticated by the office foreign language, a true, Florida Statutes. I am | Mel Asst. Mare: Name a Mare and Mare: | dy of records in the certificate under one false information |

Amber N. Hall, Assistant Secretary of sole member Cox Media Group, LLC

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "IDEABAR, 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 THIRTIETH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IDEABAR, LLC"
WAS FORMED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2017.

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

6453393 8300 SR# 20175055109 Authentication: 202816585

Date: 06-30-17