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S. WARREN SEP 1 5 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	፡	12000000195		
REFERENCE	:	794387	7729778	

COST LIMIT : \$ 125.00

AUTHORIZATION :

ORDER DATE: September 1, 2017

ORDER TIME : 1:23 PM

ORDER NO. : 794387-030

CUSTOMER NO: 7729778

FOREIGN FILINGS

NAME: STRATEGIC EXPERIENTIAL GROUP, 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: Melissa Zender -- EXT# 62956

EXAMINER:

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. <u>S</u> 1	trategic Experiential							
	(Name of Foreign	n Limited Liability Company; must include "I	imited Liab	ility Company," "L.L.C.," or "LLC."	`)			
(If nam	e unavailable, enter alternate	name adopted for the purpose of transacting business	in Florida, Tl	e alternate name must include "Limited Lie	ability Connany ***1.1.6			
	w York			24 4204075		2, 11 1110. 1		
(Jurisdiction under the law of which foreign limited liability company is organized)			_	3. (FEI number, if applicable)				
4.								
٦		(Date first transacted business in Florida, if pi (See sections 605 0904 & 605,0905, F.S. to d	nor to registra	(ion.) Ity (rability)	<u> </u>	. 17		
5 3	07 7th Ave. Ste 230		pota	5 307 7th Ave. Ste 2303		33		
J	(Street Address of	Principal Office)	,	(Mailing Add	dress)	<u> </u>		
New York, NY 10001			New York, NY 10001	<u></u>	<u>-</u> [
_						₹ 3 □		
					101	ED P M 12:		
7. N	ame and <u>street addre</u>	ss of Florida registered agent: (P.O.	Box <u>NO</u>	<u>Cacceptable)</u>	<u> </u>	- 		
	Name:	Corporation Service Company						
	Office Address:	1201 Hays Street						
		Tallahassee		. Florida 32301 (Zip exc				
		(Chy)		Zip eoc	de)			
8. T	he name, title or cap.	Corporation Service Company By: (Registered age acity and address of the person(s) wh			Melissa 2 —Asst. Vice l			
1	Fitle or Capacity:	Name and Address:	-	Title or Capacity:	Name and Ad	ldress:		
<u> </u>	Manager	Brett S. Rogoff						
		307 7th Ave. Ste 2303 New York, NY 10001			·			
i	Manager	Alex Cohen						
_		307 7th Ave. Ste 2303	 -					
		New York, NY 10001						
(Use	attachments if neces	sary)						
jurisd of the 10. Tl	iction under the law translator must be si his document is exec	of existence, no more than 90 days of which it is organized. (If the certifubmitted) uted in accordance with section 605.0 of the Department of State conflutes a	icate is in 0203 (1) (1	a foreign language, a translat b), Florida Statutes, I am awar	ion of the certific	ate under oath		
		· 15u,	1. Ki	40				
		Sign	ature of agraut	horized person				
		Brett S. Rogoff BVe	H S.	ROGUFF				
		Тур	ed or printed r	same of signer	_			

State of New York Department of State

} ss:

I hereby certify, that STRATEGIC EXPERIENTIAL GROUP, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/18/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 13th day of September two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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