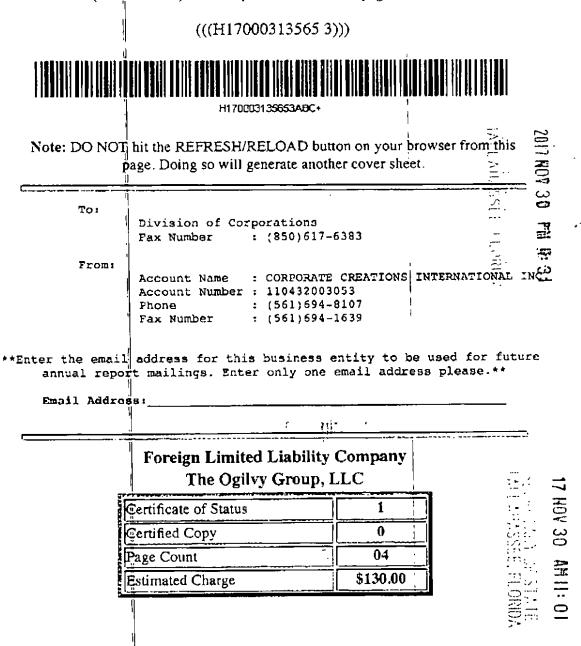
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

DEC 0 1 2017

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BU	TTON 605,0902, F SINESS IN THE S	LORIDA STATUTES, THE STATEOF FLORIDA:	FOLLOWING IS SUBMITITED T	TO REGISTE	R.A FOREIGN IJMITED LIABILITY
1. The Ogilvy Group, LLO (Name of Foreign	C Limited Liability C	ompany; must include "Lin	nited Liability Company," "L.L.C.,"	· ም-ኒኒር."}	
(If name unavailable, orner alternate re	and selected for the tr	unoose of iransaction transaction	Florida The alternate more must include	"Limited Light	ov Commony ""L.I. C " or "LLC")
2. Delaware	, , , , , , , , , , , , , , , , , , , ,		3.		V (3.4.)
Consideration under the low of which foreign limited liability company		bility company is organized)	÷,	(PET number	i) applicable)
4. Upon Filing			.***	į	
	(Desc first trans (See sections 50	acted beinges to Florida, if prior	r to registration.) Striker penalty liability)	· · · · · · · · · · · · · · · · · · ·	
5. 100 Park Avenue, 4th Floor			6. 100 Park Avenue	, 4th Floor	
(Street Address of Practipal Office) New York, NY 10017				(Minipay Address	1) J.
IVEW TORK, IV TOUT?	<u></u>		New York, NY 10	0017	
	<u>!</u>				- 11 - 2 - m
7. Name and street address		• -	ox <u>NOT</u> acceptable)		30 I
Name:	Corporate Cre	eations Network Inc.			
Office Address:	11380 Prospe	rity Farms Road #2211	<u> </u>	(54 -
	Palm Beach Gardens , Florida 33410			21. O	
Registered agent's accep	(City) (Zip code)			77*	
to comply with the provisi and accept the obligations	ons of all statu	tes relative to the prop I as registered agen <u>t.</u>	per and complete performan Nivor Page, Special S	ce of my di	
8. The name, title or capa Title or Capacity:		s of the person(s) who se and Address:	has/have authority to manag Title or Capacity:	je is/are:	Name and Address:
Manager	Kevi	n Farewell	Manager		Tom Lobene
		Park Avenue, 4th Floo York, NY 10017			100 Park Avenue, 4th Floor New York, NY 100 7
Manager	Steve	ın Goldstein		1	
		Perk Avenue, 4th Floo York, NY 10017		-	
(Use attachments if necess	sary)				
jurisdiction under the law of the translator must be su 10. This document is execu-	of which it is or ibmitted) uted in aggorda	garrized. (If the certific nee with section 605.0:	d, duly authenticated by the coate is in a foreign language, 203 (1) (b), Florida Statutes, third degree felony as provide	a translatio	n of the certificate under outh that any false information
				1	
		Signa	nutra of an authorized (spann — in		_
	Kevin Farewe	II, Manager		1	
		Тура	d or printed name of signer		

<u>.:</u>c

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "THE OGILVY GROUP, 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 NINTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE OGILVY GROUP, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2015.

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

J



5904545 8300

SR# 20177007089

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

James Land Samuel Samuel

Authentication: 203543148

Date: 11-09-17