11/18/00/00/30/30

(Re	questor's Name))
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

ALL ARRESEE ED ADDRESS

K. SALY MAR 29 2018

COVER LETTER

TO:		tration Section ion of Corporation	as				
SUBJE		empest Interactive	Media, LLC				
5000	_		Name of I	imited Liability	Company	<u>.</u>	
						nsact Business in Florida," (y company to transact busine	
Please r	return a	ll correspondence c	oncerning this matter to the	following:			
		Matt Kurke					
			Na	ame of Person			
		Tempest Interac	ctive Media, LLC				
			Fi	rm/Company			
		30 S 15th Street	t, Suite 800				
				Address			
		Philadelphia PA	19102				
			City/St	ate and Zip Code			
		matt.kurke@tempe					
			E-mail address: (to be used	for future annual	report not	ification)	
For furt	her info	ormation concerning	g this matter, please call:				
	Matt	Kurke		215 at (853-644	42	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Divisi Regis P.O. I	LING ADDRESS: ion of Corporations tration Section 30x 6327 hassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding coutive Center Circle ee, FL 32301	
Enclose		heck for the follow 25.00 Filing Fee	ing amount: \$\Bigsize \text{\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Cer 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			bility Company," "L.L.C," or "LLC,")
2. Aria	zona	high foreign limited liability company is organized)	3	27-2717222	ber, if applicable)
		August foreign innuted traphity company is organized)		(ret and	per, ii appricanie)
4. 9/1	5/2010				
		(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration.)	ability)	
5	•		6.		至6
	(Street Address of)	-	- •	(Mailing Add	
30	S 15th Street, Suite	800	3	30 S 15th Street, Suite 800	28 P
Phi	iladelphia PA19102		1	Philadelphia PA19102	55.50
7. Nai	me and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. B Corporation Service Company	ox <u>NOT</u> ac	cceptable)	PH D: 21
	Office Address:	1201 Hays Street	· · · · · · · · · · · · · · · · · · ·		, ; . ~
		Tallahassee		, Florida 32301	
		(City)		(Zip cod	de)
		ions of all statutes relative to the prop s of my position as registered agent.		plete performance of my	duties, and I am familiar with
md ac	cept the obligations	s of my position as registered agent. (Registered agen acity and address of the person(s) who	er and com) ('* signature) has/have at	Holly Jone Assistant Vice Pr thority to manage is/are:	s esid e nt
md ac	cept the obligation	s of my position as registered agent. 1.10(1) (Registered agent	er and com) ('* signature) has/have at	plete performance of my Holly Jone Assistant Vice Pr	duties, and I am familiar with
and ac 8. The <u>Ti</u>	cept the obligations	(Registered agent) (Registered agent) (Registered agent) (Registered agent) Acity and address of the person(s) who Name and Address: Alex Heimann	er and com) ('* signature) has/have at	Holly Jone Assistant Vice Pr thority to manage is/are: e or Capacity:	duties, and I am familiar with Sesident Name and Address: Gregg Shapiro
md ac 8. The <u>Ti</u>	cept the obligations e name, title or capa	(Registered agent) (Registered agent) (Registered agent) (Registered agent)	er and com 's signature) has/have at <u>Titl</u>	Holly Jone Assistant Vice Pr thority to manage is/are: e or Capacity:	duties, and I am familiar with S esident Name and Address:
8. The <u>Ti</u>	cept the obligations e name, title or capa	(Registered agent)	er and com 's signature) has/have at <u>Titl</u>	Holly Jone Assistant Vice Pr thority to manage is/are: e or Capacity:	duties, and I am familiar with S esident Name and Address: Gregg Shapiro 30 S 15th Street, Suite 800
8. The	e name, title or capa title or Capacity:	Alex Heimann 30 S 15th Street, Suite 800 Philadelphia PA19102	er and com 's signature) has/have at <u>Titl</u>	Holly Jone Assistant Vice Pr thority to manage is/are: e or Capacity:	duties, and I am familiar with S esident Name and Address: Gregg Shapiro 30 S 15th Street, Suite 800
8. The Ti	e name, title or capa title or Capacity:	Alex Heimann 30 S 15th Street, Suite 800 Philadelphia PA19102 Matt Kurke 30 S 15th Street, Suite 800 Philadelphia PA19102	er and com 's signature) has/have at <u>Titl</u>	Holly Jone Assistant Vice Pr thority to manage is/are: e or Capacity:	duties, and I am familiar with S esident Name and Address: Gregg Shapiro 30 S 15th Street, Suite 800
8. The Ti C	e name, title or capa title or Capacity: EO Stachments if necess ched is a certificate ction under the law or ranslator must be su is document is execu-	Alex Heimann 30 S 15th Street, Suite 800 Philadelphia PA19102 Matt Kurke 30 S 15th Street, Suite 800 Philadelphia PA19102 Sary) of existence, no more than 90 days old of which it is organized. (If the certific	er and com) 's signature) has/have at Titl CT I, duly auth ate is in a fi	Holly Jone Assistant Vice Pr As	Name and Address: Gregg Shapiro 30 S 15th Street, Suite 800 Philadelphia PA 19102 aving custody of records in the ion of the certificate under oath
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8. The Ti C	e name, title or capa title or Capacity: EO Stachments if necess ched is a certificate ction under the law or ranslator must be su is document is execu-	Alex Heimann 30 S 15th Street, Suite 800 Philadelphia PA19102 Matt Kurke 30 S 15th Street, Suite 800 Philadelphia PA19102 sary) of existence, no more than 90 days old of which it is organized. (If the certific abmitted) uted in accordance with section 605.02 the Department of State constitutes a terminal section for the section for the section for the section for the department of State constitutes a section for the sect	f, duly auth ate is in a fi	Holly Jone Assistant Vice Proceeding the Assistant Vice Proceeding the Assistant Vice Procedure the Assistant Vice Procedure to manage is/are: Note that the Assistant Vice Procedure is/are: Note that the Assistant Vice P	Name and Address: Gregg Shapiro 30 S 15th Street, Suite 800 Philadelphia PA19102 aving custody of records in the ion of the certificate under oath





Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Ted Vogt, Executive Director of the Arizona Corporation Commission, do hereby certify that

TEMPEST INTERACTIVE MEDIA, LLC

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 27th day of May 2010.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 16th day of March, 2018, A. D.



Ted Vogt, Executive Director

By: 1851631

L tempest

March 21, 2018

Division of Corporations Registration Section PO Box 6327 Tallahassee FL 32314

Re: Tempest Interactive Media application to transact business in Florida

To Whom This Concerns:

Enclosed please find-

- 1. Cover Letter,
- 2. Application to do business in Florida,
- 3. Certificate of Existence signed March 19, 2018, and
- 4. Check in the amount \$1,770. I spoke with "Judy" on March 16. She told me the penalty is \$1,610 to which I added \$160 for filing fee, certificate of status and certified copy.

Please let me know if you have any questions or need anything else.

My direct line is 215-853-6442.

Sincerely

Matt Kurke, CFO



March 27, 2018

MATT KURKE TEMPEST INTERACTIVE MEDIA, LLC 30 S 15TH ST, STE. 800 PHILADELPHIA, PA 19102

SUBJECT: TEMPEST INTERACTIVE MEDIA, LLC

Ref. Number: W18000029549

We have received your document for TEMPEST INTERACTIVE MEDIA, LLC and your check(s) totaling \$1770.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 018A00006173

Karen A Saly Regulatory Specialist II

www.sunbiz.org