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Office Use Only



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SECRETARY PH 2: 04

APR 25 2018

J SHIVERS



3773 Howard Hughes Parkway Suite 500S Las Vegas, NV 89169

Phone 702.866.2500 Toll-Free 800.2.INCORP (1-800-246-2677) Fax 702.866.2689

www.incorp.com

April 18, 2018

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

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at 17888 67<sup>th</sup> Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **CPD Action Canvass Network, LLC** for purposes and services only related to the Florida Department of State.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00 p.m. PST.

Sincerely,

Megan Bessey, on behalf of InCorp Services, Inc.

Megan Bessey

### COVER LETTER

TO: '		ration Section on of Corporation	18					
SUBJI		PD Action Canvas	s Network, LLC					
SUBJI	EC1:		Name of I	imited Liability C	ompany			
The en Exister	iclosed "/ nee, and c	Application by For theck are submitte	eign Limited Liability Comp d to register the above refere	oany for Authorizat meed foreign limite	ion to Tra ed liability	nsact Business in Florida," Certificate of company to transact business in Florida.		
Please	return ali	l correspondence o	concerning this matter to the	following.				
		Kathryn Picker	t					
			N	ame of Person		<del></del>		
		Labyrinth, Inc.						
			Fi	rm/Company		·		
		1808 Aston Avenue, Suite 230						
	•			Address				
		Carlsbad, CA 9	2008					
			City/8	tate and Zip Code				
		kathy@labyrinth						
			E-mail address: (to be use	I for future annual	report not	ification)		
For fu	rther info	rmation concernir	ig this matter, please call:					
	Kathr	yn Pickett		760 at (	931-26 )	20 ext. 114		
		Name o	of Contact Person	Area Code	Day	time Telephone Number		
	Divisi Regist P,O. F	and Address: on of Corporation ration Section Box 6327 assec, F1, 32314			Division Registrat Clifton E 2661 Exc	CADDRESS: of Corporations ion Section building centive Center Circle see, FL 32301		
Enclos	sed is a cl	heck for the follov 25.00 Filing Fee	sing amount:  ☐ \$130,00 Filing Fee &  Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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

IN COMPLANCE WITH NECTION 005,0902, FLORIDA STATUTES, THE FOLLOWING IS NURMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ctwork, LLC Limited Liability Company; must include "Limited	d Liability Company," "L.L.C.," or "LL	C.")
(If theme unavailable, enter alternate t	name adopted for the purpose of transacting business in Flor	nds. The alternate name must include "Limited	Liability Company," "L.I. C." or "LLC.")
2 Colorado		3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI	munter, il applicable)
4, 5/1/2018			
	(Date first transacted bisiness in Florida, if prior to a (See sections 605 0904 & 605 0905, F.S. to determine	registration ) ne penalty liability)	
5 449 Troutman Street, S	Suite A	6. Same as Street Address (Mailing	
(Street Address of	Principal Office)	(Mailing	Address)
Brooklyn, NY 11237			
			AR R
			HASS 2
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	C24 Pr
Name:	InCorp Services, Inc.	<u>.</u>	
Office Address:	17888 67th Court North		M 2: 04 FLORIDA
	Loxahatchee	, Florida <u>33470</u>	40 10 10
	(City)	(Zı	o code)
	s of my position as registered agent.		
	See attached Consent to Serve (Registered agent's	signature)	<del></del>
	See attached Consent to Serve (Registered agent's		<del></del>
8. The name, title or cap <u>Title or Capacity:</u>	See attached Consent to Serve		e: Name and Address:
-	See attached Consent to Serve (Registered agent's acity and address of the person(s) who has	is/have authority to manage is/a	
Title or Capacity:	See attached Consent to Serve  (Registered agent's acity and address of the person(s) who has Name and Address:	as/have authority to manage is/as/ Title or Capacity:	Name and Address:
Title or Capacity: Chair	See attached Consent to Serve  (Registered agent's acity and address of the person(s) who has Name and Address:  Christina Livingston  449 Troutman Street, Suite A Brooklyn, NY 11237	ns/have authority to manage is/ar <u>Title or Capacity:</u> Treasurer	Name and Address: Spence Limbocker  449 Troutman Street, Suite A Brooklyn, NY 11237
Title or Capacity:	See attached Consent to Serve  (Registered agent's acity and address of the person(s) who has Name and Address:  Christina Livingston  449 Troutman Street, Suite A Brooklyn, NY 11237  Javier Valdez	as/have authority to manage is/as/ Title or Capacity:	Name and Address:  Spence Limbocker  449 Troutman Street, Suite A Brooklyn, NY 11237  Elissa Berger
Title or Capacity: Chair	See attached Consent to Serve  (Registered agent's acity and address of the person(s) who has Name and Address:  Christina Livingston  449 Troutman Street, Suite A Brooklyn, NY 11237	ns/have authority to manage is/ar <u>Title or Capacity:</u> Treasurer	Name and Address:  Spence Limbocker  449 Troutman Street, Suite A Brooklyn, NY 11237  Elissa Berger
Title or Capacity: Chair	See attached Consent to Serve  (Registered agent's acity and address of the person(s) who ha  Name and Address:  Christina Livingston  449 Troutman Street, Suite A  Brooklyn, NY 11237  Javier Valdez  449 Troutman Street, Suite A  Brooklyn, NY 11237	ns/have authority to manage is/ar <u>Title or Capacity:</u> Treasurer	Name and Address:  Spence Limbocker  449 Troutman Street, Suite A Brooklyn, NY 11237  Elissa Berger  449 Troutman Street, Suite A
Title or Capacity: Chair  Vice Chair  (Use attachments if necess 9. Attached is a certificate	See attached Consent to Serve  (Registered agent's acity and address of the person(s) who ha  Name and Address:  Christina Livingston  449 Troutman Street, Suite A  Brooklyn, NY 11237  Javier Valdez  449 Troutman Street, Suite A  Brooklyn, NY 11237  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certificat	as/have authority to manage is/as  Title or Capacity:  Treasurer  COO  duly authenticated by the official	Name and Address:  Spence Limbocker  449 Troutman Street, Suite A Brooklyn, NY 11237  Elissa Berger  449 Troutman Street, Suite A Brooklyn, NY 11237
Title or Capacity: Chair  Vice Chair  (Use attachments if necessity of the translator must be second of the translator must be second of the translator must be second or the translator must be secon	See attached Consent to Serve  (Registered agent) acity and address of the person(s) who ha  Name and Address:  Christina Livingston  449 Troutman Street, Suite A  Brooklyn, NY 11237  Javier Valdez  449 Troutman Street, Suite A  Brooklyn, NY 11237  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted)  cuted in accordance with section 605.020 of the Department of State constitutes at the state of the certificate of the department of State constitutes at the state of t	as/have authority to manage is/ar  Title or Capacity:  Treasurer  COO  duly authenticated by the official is in a foreign language, a transit degree follows as provided for	Name and Address:  Spence Limbocker  449 Troutman Street, Suite A Brooklyn, NY 11237  Elissa Berger  449 Troutman Street, Suite A Brooklyn, NY 11237  at having custody of records in the islation of the certificate under oath
Title or Capacity: Chair  Vice Chair  Use attachments if necess 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is executed.	See attached Consent to Serve  (Registered agent) acity and address of the person(s) who ha  Name and Address:  Christina Livingston  449 Troutman Street, Suite A  Brooklyn, NY 11237  Javier Valdez  449 Troutman Street, Suite A  Brooklyn, NY 11237  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted)  cuted in accordance with section 605.020 of the Department of State constitutes at the state of the certificate of the department of State constitutes at the state of t	as/have authority to manage is/as  Title or Capacity:  Treasurer  COO  duly authenticated by the official is in a foreign language, a trans  (1)(b). Florida Statutes, I am a	Name and Address:  Spence Limbocker  449 Troutman Street, Suite A Brooklyn, NY 11237  Elissa Berger  449 Troutman Street, Suite A Brooklyn, NY 11237  at having custody of records in the islation of the certificate under oath

Typed or printed name of signee

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

CPD Action Canvass Network, LLC

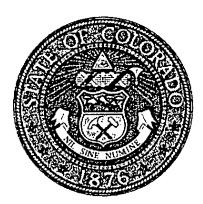
is a

#### Limited Liability Company

formed or registered on 12/19/2017 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171934797.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through ()4/13/2018 that have been posted, and by documents delivered to this office electronically through ()4/16/2018 (?) 12:53:53

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/16/2018 @ 12:53:53 in accordance with applicable law. This certificate is assigned Confirmation Number 10843816



Secretary of State of the State of Columdo

\*\*\*\*\*\*\*\*\*\*\*\*\*\*End of Certificate \*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.as/ht/ConfigurateScarch/interacto entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.as/click/Businesses, trademarks, trade names" and select "Frequently Asked Questions."