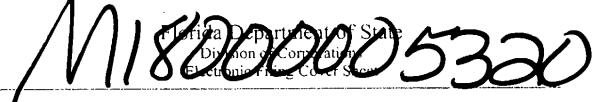
Division of Corporations



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for guture annual report mailings. Enter only one email address please.*

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Foreign Limited Liability Company CBX Connect, LLC

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

IN COMPLEME E WITH SECTION 605.0002. PLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORESCE LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L CBX CONNECT, LLC Name of Foreign Limited Liability Company, must include "Limited Liability Company," L.L.C., or "IJC.") If mains the railable, error alternate name adopted for the purpose of transacting business in Florida. The alternate name trans include "Limited Liability Company," "LL.C," or "LL.C," (furtidistion under the law of which foreign healed liability company is organized) (FE) saureer, if applicable) (Date first transacted business in Florida, if prior to registration.) (See accident 605,0904 & h03,0905, F.S. to determine penalty liability) 5. 1643 N. MILWAUKEE AVENUE, 5TH FLOOR 6. 1643 N. MILWAUKEE AVENUE, 5TH FLOOR (Street Adubase of Principal Office) (Muling Address) CHICAGO, IL 60647 CHICAGO, IL 60647 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation Having been named as registered agent and to accept service of process for the above stated limited liability(company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. C T Corporation System Bv: Stephanie Boehm (Registered agent's commune) 8. The name, title or capacity and address of the person(s) who has have authority to manage is/are: Title or Canacity: Nume and Address: Title or Capacity: Name and Address: MANAGER MARC LIFSHIN 1643 N. MILWAUKEE AVE. 5TH FLOOR CHICAGO, IL 60647 BRIAN NEISWEND 1643 N. MILWAUKEE AVE. 5TH FLOOR CHICAGO, IL 60647 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorizant person

Typed in praised name of signed

ADAM GRANT



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CBX CONNECT, 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 FIFTH DAY OF JUNE, A.D. 2018.

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

and corn delaware sov/auth

Authentication: 202823293

Date: 06-05-18