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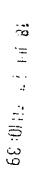
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 300185 7494108

AUTHORIZATION : Carelle Compa

COST LIMIT : \$ 125/.00

ORDER DATE : July 16, 2018

ORDER TIME : 9:03 AM

ORDER NO. : 300185-005

CUSTOMER NO: 7494108

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## FOREIGN FILINGS

NAME: TOGORUN 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: Roxanne Turner -- EXT# 62969

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: L TogoRun LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LL.C." New York 13-3983596 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 06/11/2018 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty hability.) 220 East 42nd. Street, NY, NY, 10017-5806 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: Office Address: 1201 Hays Street Tallahassee . Florida 32301 (City) Registered agent's acceptance: 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 Corporation Service Company **Roxanne Turner** Asst. Vice President (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Sole Member DAS Holdings Inc. 437 Madison Avenue New York, NY, 10022 (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. of an authorized person

Kathleen M. Jones, Authorized Person

Typed or printed name of signee

## State of New York Department of State } ss:

I hereby certify, that COMPLETE PHARMA PUBLIC RELATIONS USA L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/24/1997, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment COMPLETE PHARMA PUBLIC RELATIONS USA L.L.C., changing its name to CPR WORLDWIDE (USA) LLC, was filed 08/11/1998.

A Certificate of Amendment CPR WORLDWIDE (USA) LLC, changing its name to  $TOGORUN\ LLC$ , was filed 04/15/2009.



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

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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