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(Ře	questor's Name)				
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(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
TALLAHASSEE FLOOR

O SIMMONS
JUL 3 1 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2018

ELYSSA RUBIN 185 MADISON AVE, 4TH FLOOR NEW YORK, NY 10016

SUBJECT: MACDONALD MEDIA, LLC

Ref. Number: W18000057600

We have received your document for MACDONALD MEDIA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P13000027078.

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

Octavia L Simmons Regulatory Specialist III

Letter Number: 818A00012884

See change attached. Thank you!

COVER LETTER

TO:	Registration Section Division of Corporation	s		
SUBJE	ect: A	<u> </u>	Media Lu	C
D 0 110 1.		Name of I	imited Liability Company	
The end Existen	closed "Application by Force, and check are submitted	eign Limited Liability Comp d to register the above refere	any for Authorization to Trenced foreign limited liability	ansact Business in Florida," Certificate of ty company to transact business in Florida.
Please	return all correspondence c	oncerning this matter to the	following:	
		Elyss	a Rubin	
	<u></u>	<u>MacDor</u>	nald Media, rm/Company	LIC
	/8	85 Madisar	Address	Ith Floor
		New York	Late and Zip Code	016
		Erubin@ E-mail address: (to be used	Macdonald I for future annual report no	madia. Com
For fur	ther information concernin	g this matter, please call:		
	El(/SS Name o	Ca Rubin f Contact Person	at (<u>Q Q</u>) <u>5</u> Area Code Da	78-8735 ytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divisior Registra Clifton i 2661 Ex	T ADDRESS: n of Corporations nion Section Building tecutive Center Circle ssee, FL 32301
Enclos	ed is a check for the follow [2] \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fec, Certificate of Status & Certified Copy

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

,			
IN COMPLIANCE WITH SECTION 605.		OLLOWING IS SUBMITTED TO REGIST	ER A FOREIGN ILMITED LLABILITY
COMPANY TO TRANSACT BUSINESS, II	VITHE STATE OF FLORIDA:		
, MacDo	mald Media.	UC	
(Name of Foreign Limited Li-	ibility Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")	
MacDo	nald Wedia L	-LC New York	
(If name unavailable, enter alternate name adopted	for the purpose of transacting business in Flor		
2. New Yor	ninied liability company is organized)	3. /3-34	3774//
(Jurisdiction under the law of which foreign t	inited liability company is organized)	grunt (3 t)	er, a appricable,
4.	1/1/2018		
(Date (See so	light transacted business in Florida, if prior to rections 605 0904 & 605 0905, F.S. to determine	egistration.) se penalty liability)	
5 185 Northen Au	& UMAPOOR	6. 185 Madisa	on Ave, 4th Floor
Street Address of Principal Offi	ie) / 10 = 11	(Mailing Addi	(css)
<u>New York</u>	14 10016	Newyork	V, NY COLE
			
7. Name and street address of Flor	da registered agent: (P.O. Box	NOT acceptable)	
Name:	Kristi Nichel	'S	T SE 8
	200 Markouses	10:00	CG.
Office Address:	22) Morhouse	<u>Lane</u>	
	Haines City	L , Florida <u>338</u>	4/S 3 C
Registered agent's acceptance:	(City)	(Zip cod	
Having been named as registered	agent and to accept service of r	process for the above stated limited	liability company at the place
designated in this application, I he	ereby accept the appointment as	s registered agent and agree to act	in this appacity I further agree
to comply with the provisions of a	I statutes relative to the proper	and complete performance of my	duties, 📆 🕰 am fgmiliar with 🥏
and accept the obligations of my p	osition as regislered agent.		× × × × × × × × × × × × × × × × × × ×
	A Michale		
-	Registered agent's	signature)	
8. The name, title or capacity and	addence of the percon(e) who ha	e/have authority to manage is/are:	
8. The name, title or capacity and Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
050	Diad a Mark		
	HACIPO MACIONA	(C) Flore	
	NowYork, NY (CO	The same of the sa	
0 -	- 0	_	
_ CFO	Elyssakubin	7. ~	
	New York NY 10	MADOR MA	
		- r e-	
(Use attachments if necessary)			
9. Attached is a certificate of existe	ence, no more than 90 days old,	duly authenticated by the official ha	iving custody of records in the
jurisdiction under the law of which		e is in a foreign language, a translat	ion of the certificate under oath
of the translator must be submitted)		
10. This document is executed in a	ccordance with section 605.0203	3 (1) (b), Florida Statutes. I am awai	e that any false information
submitted in a document to the Dep	artment of State constitutes a thi	ird degree felony as provided for in	s.817.155, F.S.
·		allo	
	Signature	of an authorized person	
	<i>p</i> -,	110.	
	Ells	Sa H. Klibin	_
	Typed or	printed name of signee	

State of New York Department of State } ss:

I hereby certify, that MACDONALD MEDIA, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/10/1997, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 26th day of March two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State