11/800001/622

(Requesto	r's Name)
(Address)	
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(City/State	:/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies (Dertificates of Status
Special Instructions to Filing 0	Officer:
	:

Office Use Only



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18 DEC 26 KM Nº 12

18 DEC 26 MH 6: 21

K. SALY DEC 2 / 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO	120000000195
VCCOONT	110 -	エキロひひひひひひエラン

REFERENCE : 557344 4339006

AUTHORIZATION: Spells School

COST LIMIT : \$ 125.00

ORDER DATE: December 24, 2018

ORDER TIME : 10:31 AM

ORDER NO. : 557344-015

CUSTOMER NO: 4339006

FOREIGN FILINGS

NAME: OCL FINANCIAL SERVICES 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:

COVER LETTER

Registration Section
Division of Corporations

TO:

	Name o	f Limited Liability C	ompany	
enclosed "Application stence, and check are s	by Foreign Limited Liability Con bmitted to register the above refe	mpany for Authorizat erenced foreign limite	ion to Transact Business in Florida," Cert ed liability company to transact business in	ifica i Flo
ase return all correspon	lence concerning this matter to th	e following:		
Jennife	Harper			
	1	Name of Person		
Bertels	ann, Inc.			
	1	Firm/Company	· ·	
1745 B	adway			
		Address		
New Yo	k, NY 10019			
	City/	State and Zip Code		
jennifer.h	rper@bertelsmann.com			
	E-mail address: (to be use	ed for future annual r	eport notification)	
further information co	perming this matter, please call:			
Jennifer Harper		212 at (782-1074	
	ame of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADD Division of Corpo Registration Secti P.O. Box 6327 Tallahassee, FL 3	ations n] } {	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	
osed is a check for the \$125.00 Filing		S155.00 Filing Certified Copy	Fee & S160.00 Filing Fee, Certification of Status & Certified Copy	ite

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

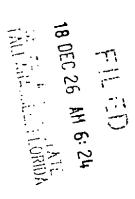
1. OCL Financial Service (Name of Foreign	s LLC Limited Liability Company; must include "Limite	d Liability Con	ipany," "L.L.C.," or "LLC.")
(If name and it is a second		<u> </u>		
The Later Constrained of the Control	name adopted for the purpose of transacting business in Flo			ibility Company," "L.L.C," or "LLC.")
2. Delaware	buch foreign limited liability company is organized)	3. <u>83</u> -	2864652	
(remisciscination langer the fav. 61 to	men foreign infuted liability company is organized)		. (FEI norm	ber, if applicable)
1	·			
•	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty liability	r)	
20225 Watertower Blv	/d, Ste #400		5 Broadway c/o Bertel	smann. Inc
(Street Address of)	runcipal Office)	V	(Mailing Add	ress)
Brookfield, WI 53045		New	York, NY 10019	6
				OF OF
				<u> </u>
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT accep	table)	26
	Corporation Service Company			· · · · · · · · · · · · · · · · · · ·
Name:	Corporation Service Company	· · · _ · ·	_	<u> </u>
Office Address:	1201 Hays Street			
	T-11 1		-	急行
	Tallahassee (City)		, Florida 32301 (Zip cod	
Title or Capa	city and address of the person(s) who has	s/have autho		Asst. Vice President
	Please see attached list	Title of	Capacity;	Name and Address:
				
				
				<u></u>
Use attachments if necess	arv)			
Attached is a certificate risdiction under the law of the translator must be su	of existence, no more than 90 days old, dof which it is organized. (If the certificate bmitted)	uly authentic is in a foreig	cated by the official ha gn language, a translati	ving custody of records in the on of the certificate under oath
). This document is execu bmitted in a document to	the Department of State constitutes a thir	d degree feld	ony as provided for in s	e that any false information i.817.155, F.S.
	Signature o	f an authorized pe	rson	
	Vera I. Noriega			
-	Vera L. Noriega	 		
	Typed ar p	rinted name of sig	nee	·

OCL Financial Services LLC

EXHIBIT A

List of Officers and Managers

Name	Title	Business Address
Vera L. Noriega	Manager	1745 Broadway
		New York, NY 10019
Jaroslaw Gabor	Manager	1745 Broadway
		New York, NY 10019
Brett Shively	Chief Executive Officer	20225 Watertower Blvd, Ste #400
		Brookfield, WI 53045
Todd Premo	Chief Product Officer	20225 Watertower Blvd, Ste #400
		Brookfield, WI 53045
Ross Golden	Interim Chief Financial Officer	1745 Broadway
		New York, NY 10019
Vera L. Noriega	Secretary	1745 Broadway
		New York, NY 10019

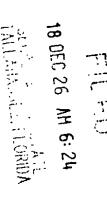


Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OCL FINANCIAL SERVICES 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 TWENTY-FOURTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OCL FINANCIAL SERVICES LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 2018.

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





Authentication: 204168578

Date: 12-24-18

7176589 8300 SR# 20188336733