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DIVISION OF COST ORATIONS
TALL ANASSES SLORIDA

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S. PRATHER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

ACCOUNT NO. : I2000000195 REFERENCE: 562538 AUTHORIZATION COST LIMIT : ORDER DATE: December 28, 2018 ORDER TIME : 3:27 PM ORDER NO. : 562538-005 CUSTOMER NO: 4304417 FOREIGN FILINGS NAME: ISABELLI MEDIA RELATIONS, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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:

(If name unavailable, enter alternate n	arme adopted for the purpose of transacting business in Flo	rida. The alternate	name must include "Limited Liah	priity Company." "L.L.C."	or "LLC.")
2. IL		3.	45-0887488	,,,	,
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)			
4. Upon fiting					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration) ne penalty hability	y)		
5. 445 N. Wells, Ste. 303		6. 445	N. Wells, Ste. 303		
(Street Address of I Chicago, IL 60654	mucipal Office)	Chic	(Mailing Addr cago, IL 60654	ESS)	
					
 			- .		2015
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accep	otable)		
Name:	Corporation Service Company			÷.	FIL DEC 28
	1201 Hays Street			ASSE	FILED EC 28 PH
Office Address:			-	1. :	
	Tallahassee (Cin.)		, Florida 32301 (Zip code		ن حسر (۲۰
and accept the vongation.	s of my position as registered agent. Corporation Service Company By:	Qu	te performance of my o	Roxanne Asst. Vice I	Turner
8. The name, title or capa	Corporation Service Company By: (Registered agent's acity and address of the person(s) who has	signature)	prity to manage is/are:	Asst. Vice I	Turner President
8. The name, title or capa Title or Capacity:	Corporation Service Company By: (Registered agent's	signature)	in		Turner President
8. The name, title or capa	Corporation Service Company By: (Registered agent's acity and address of the person(s) who have and Address:	signature)	prity to manage is/are:	Asst. Vice I	Turner President
8. The name, title or capa Title or Capacity:	Corporation Service Company By: (Registered agent's acity and address of the person(s) who has Name and Address: Janet M. Isabelli 445 N. Wells, Stc. 303	signature)	prity to manage is/are:	Asst. Vice I	Turner President
8. The name, title or capa <u>Title or Capacity:</u>	Corporation Service Company By: (Registered agent's acity and address of the person(s) who has Name and Address: Janet M. Isabelli 445 N. Wells, Stc. 303	signature)	prity to manage is/are:	Asst. Vice I	Turner President
8. The name, title or capa <u>Title or Capacity:</u>	Corporation Service Company By: (Registered agent's acity and address of the person(s) who has Name and Address: Janet M. Isabelli 445 N. Wells, Ste. 303 Chicago, IL 60654	signature)	prity to manage is/are:	Asst. Vice I	Turner President
8. The name, title or capa Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law	Corporation Service Company By: (Registered agent's acity and address of the person(s) who has Name and Address: Janet M. Isabelli 445 N. Wells, Sic. 303 Chicago, IL 60654 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat	signature) is/have authorative of the control of th	ority to manage is/are: r Capacity:	Asst. Vice I	Turner President
8. The name, title or capa Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be set 10. This document is exec	Corporation Service Company By: (Registered agent's acity and address of the person(s) who has Name and Address: Janet M. Isabelli 445 N. Wells, Ste. 303 Chicago, IL 60654 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted) uted in accordance with section 605.0203 of the Department of State constitutes a thi	duly authentie is in a fore:	ority to manage is/are: r Capacity: icated by the official hatign language, a translati	Name and Add	ress:
8. The name, title or capa Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be set 10. This document is exec	Corporation Service Company By: (Registered agent's acity and address of the person(s) who has Name and Address: Janet M. Isabelli 445 N. Wells, Ste. 303 Chicago, IL 60654 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted) uted in accordance with section 605.0203	duly authentie is in a fore:	ority to manage is/are: r Capacity: icated by the official hatign language, a translati	Name and Add	ress:
8. The name, title or capa Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be set 10. This document is exec	Corporation Service Company By: (Registered agent's acity and address of the person(s) who ha Name and Address: Janet M. Isabelli 445 N. Wells, Ste. 303 Chicago, IL 60654 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted) uted in accordance with section 605.0203 of the Department of State constitutes a third Docusion of by: Janet Poolelli	duly authentie is in a fore:	ority to manage is/are: r Capacity: icated by the official hatign language, a translativida Statutes. I am awardony as provided for in s	Name and Add	ress:
8. The name, title or capa Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be set 10. This document is exec	Corporation Service Company By: (Registered agent's acity and address of the person(s) who ha Name and Address: Janet M. Isabelli 445 N. Wells, Ste. 303 Chicago, IL 60654 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted) uted in accordance with section 605.0203 of the Department of State constitutes a third Docusion of by: Janet Poolelli	duly authentie is in a fore:	ority to manage is/are: r Capacity: icated by the official hatign language, a translativida Statutes. I am awardony as provided for in s	Name and Add	ress:

File Number

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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ISABELLI MEDIA RELATIONS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 18, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of DECEMBER A.D. 2018 .

Authentication #: 1836202394 verifiable until 12/28/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE