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2018 JAN -2 AH 9: 31

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01-3-19

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 564544 7961286

AUTHORIZATION: Soulbelle 1910

COST LIMIT : \$ 160\00

ORDER DATE: December 31, 2018

ORDER TIME : 9:50 AM

ORDER NO. : 564544-005

CUSTOMER NO: 7961286

### FOREIGN FILINGS

NAME: MITTERA CREATIVE SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	MITTERA CREAT	IVE SERVICES, LLC		
SOBSECT.	· · · · · · · · · · · · · · · · · · ·	Name of	Limited Liability Company	
				ansact Business in Florida." Certificate of y company to transact business in Florida.
Please return	all correspondence o	concerning this matter to the	following:	
	Ashley Buntroo	sk		
		N	ame of Person	
	Mittera Group.	Inc		
		F	irm/Company	
	1312 Locust St	Ste 202		
	<del> </del>		Address	
	Des Moines. IA	A 50309		
		City/S	tate and Zip Code	
	ashley.buntrock@	@mittera.com		
		E-mail address: (to be use	d for future annual report no	tification)
For further in	formation concerning	g this matter, please call:		
Ashi	ey Buntrock		515 343-53	59
	Name o	f Contact Person	Area Code Day	rtime Telephone Number
Divis Regi P.O.	LING ADDRESS: stration of Corporations stration Section Box 6327 hassee, FL 32314		Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section duilding ecutive Center Circle see, FL 32301
	check for the follow 25.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

,	name adopted for the purpose of transacting business in Flo	rrida. The alt	ernate name must include "Limited Li	iability Comp	nany,""L.L.C	" or "LLC	.")
<sub>2.</sub> IOWA		3.	27-2590065				
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI mun	nber, il appho	cabie)		
4. 01/01/2019							
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration	) iability)				
5 5085 NE 17th Street	,	,	1312 Locust St Ste 202				
(Street Address of Principal Office)			(Mailing Ad	idress)			
Des Moines, IA 50313		•	Des Moines, IA 50309				
					A S	201	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)		CORE IN	- NAC 8	FI
Name:	Corporation Service Company				SSI	2	1
Office Address:	1201 Hays Street				10.10	-K	ED
	Tallahassee		Florida 32301		S255	ب 3	
	(City)		, Florida 32301 (Zip co	xde)	등근	$\omega$	
designated in this applica to comply with the provis	egistered agent and to accept service of parties. I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	s registe	red agent and agree to ac nplete performance of my	t in this c	capacity.	I furth	er agree
designated in this applica to comply with the provis and accept the obligation  8. The name, title or cap	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.  Corporation Service Company (Registered agent's acity and address of the person(s) who have	s registe and cor  positive)	red agent and agree to acomplete performance of my Emily Croft Asst. Vice President the state of	t in this c duties, a	capacity.	I furth	er agree
designated in this applica to comply with the provis and accept the obligation	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.  Corporation Service Company   Registered agent's	s registe and cor  positive)	red agent and agree to ac inplete performance of my Emily Croft Asst. Vice Preside	t in this c duties, a	capacity.	I furth fumilia	er agree
designated in this applica to comply with the provis and accept the obligation  8. The name, title or cap	ation, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.  Corporation Service Company By:  (Registered agent's acity and address of the person(s) who have and Address:  Jon Troen	s registe and cor  positive)	red agent and agree to acomplete performance of my Emily Croft Asst. Vice President the state of	t in this c duties, a	cupacity. ind I am j	I furth fumilia	er agree
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity:	tion, I hereby accept the appointment usions of all statutes relative to the proper s of my position as registered agent.  Corporation Service Company May:  (Registered agent's accity and address of the person(s) who have and Address:	s registe and cor  positive)	red agent and agree to acomplete performance of my Emily Croft Asst. Vice President the state of	t in this c duties, a	cupacity. ind I am j	I furth fumilia	er agree
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity:	ation, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.  Corporation Service Company By:  (Registered agent's acity and address of the person(s) who has Name and Address:  Jon Troen  1312 Locust St St 202	s registe and cor  positive)	red agent and agree to acomplete performance of my Emily Croft Asst. Vice President the state of	t in this c duties, a	cupacity. ind I am j	I furth fumilia	er agree
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity:	ation, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.  Corporation Service Company By:  (Registered agent's acity and address of the person(s) who has Name and Address:  Jon Troen  1312 Locust St St 202	s registe and cor  positive)	red agent and agree to acomplete performance of my Emily Croft Asst. Vice President the state of	t in this c duties, a	cupacity. ind I am j	I furth fumilia	er agree
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity:	action, I hereby accept the appointment a tions of all statutes relative to the proper s of my position as registered agent.  Corporation Servica Company By:  (Registered agent's active and address of the person(s) who have and Address:  Jon Troen  1312 Locust St St 202  Des Moines, 1A 50309	s registe and cor  positive)	red agent and agree to acomplete performance of my Emily Croft Asst. Vice President the state of	t in this c duties, a	cupacity. ind I am j	I furth fumilia	er agree

Typed or printed name of signee

## IOWA SECRETARY OF STATE PAUL D. PATE



### CERTIFICATE OF EXISTENCE

Date: 12/31/2018

Name: MITTERA CREATIVE SERVICES, LLC (489DLC - 385911)

Date of Incorporation: 9/2/2009

**Duration: PERPETUAL** 

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:
  - a. The entity is in existence and duly incorporated under the laws of Iowa.
  - b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
  - c. The most recent biennial report required has been filed with the Secretary of State.
  - d. The Secretary of State has not administratively dissolved the limited liability company.
  - e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS162532

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State