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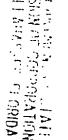
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nasta. Ku**stu**ng CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 565801 AUTHORIZATION COST LIMIT ORDER DATE : January 2, 2019 ORDER TIME : 5:26 PM ORDER NO. : 565801-010 CUSTOMER NO: 4312752 ------FOREIGN FILINGS NAME: POP RESEARCH, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

| TO: | Registration Section Division of Corporati | ons | | | |
|--------------------|--|--|---|---|---|
| SUBJI | Pop Resear | ch, LLC | | | |
| | | Name o | f Limited Liability | Company | |
| The en- Exister | closed "Application by Face, and check are submit | oreign Limited Liability Cor ted to register the above refe | npany for Authoriz erenced foreign lim | zation to Ti sited Izabili | ransact Business in Florida," Certificate of ty company to transact business in Florida. |
| Please | return all correspondence | concerning this matter to th | e following: | | |
| | Patricia (| B. Chouinard, Para | alegal | | |
| | | 1 | Name of Person | <u> </u> | |
| | Shipman & | Goodwin LLP | | | |
| | | I | Firm/Company | | |
| | One Const | titution Plaza | | | |
| | | | Address | | |
| | Hartford, C | CT 06103-1919 | | | |
| | | City/S | State and Zip Code | | |
| | jflatow@reir | nagine.com | | | |
| | - | E-mail address: (to be use | d for future annual | report not | tification) |
| For furth | ner information concerning | ng this matter, please call: | | | |
| | Patricia B. Chouir | | 860 at (| 251- | 5930 |
| | Name (| of Contact Person | Area Code | Day | time Telephone Number |
| | MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314 | <u>:</u> : | | Division of Registratic Clifton Be 2661 Execution | ADDRESS: of Corporations on Section uilding cutive Center Circle ce, FL 32301 |
| Enclosed | l is a check for the follow \$125.00 Filing Fee | ing amount: 2 \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin Certified Copy | g Fee & | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy |

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:

| 2. Delaware | ne adopted for the purpose of transacting business in Flo | wide The sharest annual to be desired | | | | |
|--|--|---|--|--|-----------------------------------|-------------------|
| / Dolawalt | and the second of the second o | 3. 47-3035232 | Ltability Com | pany," "L.L.C," | or "LLC" | L**) |
| (Jurisdiction under the law of which | h foreign limited liability company is organized) | | imber, if appli | icable) | | |
| 4. | | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ | registration.) | | | | |
| 5. 53 Riverside Aveni | | | | | | |
| (Street Address of Principal Office) | | 6. 53 Riverside Avenue | | rss) | | |
| Westport, CT 0688 | 80 | Westport, CT 0688 | 30 | الدي * • • <u>• • • • • • • • • • • • • • • • •</u> | 2019 | |
| | | | | 7 | <u> </u> | |
| 7 37 | | | | <u> </u> | 7 | *CENTER! |
| 7. Name and street address (| of Florida registered agent: (P.O. Box | NOT acceptable) | | | ယ | ्र दस्सम्ब |
| Name: | Corporation Service Compan | <u>y</u> | | 0) E | AM IO: | 4 H S |
| Office Address: 1 | 1201 Hays Street | | | ណូហ | <u>.</u> | 1 |
| _ | | | | 一日至 | <u>დ</u> | |
| - | Tallahassee (City) | , Florida 32301- | | 1,, | | |
| Granda in this applicant | a, i acteur accept the appointment as | rocess for the above stated limite registered agent and agree to ac | | | | |
| to comply with the provision | s of all statutes relative to the proper from position as registered agent. orporation Service Company (y: | and, complete performance of my | t in this c duties, a Roxann | | furthe imiliar | |
| to comply with the provision and accept the obligations of B | s of all statutes relative to the proper fmy position as registered agent. orpofation Service Company(y: (Registered agent's s | and, complete performance of my As | t in this c duties, a Roxann | capacity. I and I am fa ie Turner | furthe imiliar | |
| to comply with the provision and accept the obligations of B | y and address of the person(s) who has | As shave authority to manage is/are: | t in this conduction that in this conduction, and the desired that it is a second to the desired that it is a conduction to the desired | apacity. I and I am fa le Turner Preside | furthe umiliar ∙ e∩t | |
| 8. The name, title or capacity: | y and address of the person(s) who has Name and Address: | Asignature) S/have authority to manage is/are: Title or Capacity: | t in this condition that the duties, a duties, a Roxann sst. Vice | capacity. I and I am fa e Turner e Preside | furthe umiliar ∙ e∩t | |
| to comply with the provision and accept the obligations of Bridge Street | y and address of the person(s) who has Name and Address: Hugh Davis | As shave authority to manage is/are: | t in this condition that the duties, a Roxann sst. Vice | eapacity. If and I am far le Turner e Preside e and Addin Price | furthe umiliar ent ress: | |
| 8. The name, title or capacity: | y and address of the person(s) who has Name and Address: | Asignature) S/have authority to manage is/are: Title or Capacity: | t in this e duties, a Roxann sst. Vice Name Keith | capacity. I and I am fa e Turner e Preside | further miliar ent | |
| 8. The name, title or capacit Title or Capacity: Manager | y and address of the person(s) who has Name and Address: Hugh Davis 53 Biverside Avenue Wesport, CT 06880 | Asignature) S/have authority to manage is/are: Title or Capacity: Manager | Name Keith Salai Keith Salai Kesp | enpacity. If and I am far the Turner of Preside and Addition Price verside Avenue. CT 066 | further miliar ent | |
| 8. The name, title or capacity: | y and address of the person(s) who has Name and Address: Hugh Davis 53 Riverside Avenue Jonathan Flatow 53 Riverside Avenue | Asignature) S/have authority to manage is/are: Title or Capacity: | Name Keith S3 Bis Wesp | enpacity. I and I am far e Preside e and Adda e and Adda e Price verside Ave ont, CT 066 | further miliar ress: | |
| 8. The name, title or capacit Title or Capacity: Manager | y: (Registered agent's so y and address of the person(s) who has Name and Address: Hugh Davis 53 Riverside Avenue Wesport, CT 06880 | Asignature) S/have authority to manage is/are: Title or Capacity: Manager | Name Keith Salin Keith All Keith All Chris 2284 | enpacity. If and I am far the Turner e Preside e and Addition Price everside Avenue. CT 066 | further miliar ress: | r agree with |
| 8. The name, title or capacit Title or Capacity: Manager | y: (Registered agent's so y and address of the person(s) who has Name and Address: Hugh Davis 53 Riverside Avenue Wesport, CT 06880 | Asignature) S/have authority to manage is/are: Title or Capacity: Manager | Name Keith Salin Keith All Keith All Chris 2284 | e and Addition of CT 066 Hubble Hidalgo Ave | further miliar ress: | r agree |
| 8. The name, title or capacity: Manager Manager Manager Attached is a certificate of capacity of the capac | y and address of the person(s) who has Name and Address: Hugh Davis 53 Riverside Avenue Wesport, CT 06880 Jonathan Flatow Sa Riverside Avenue Wesport, CT 06880 | Asignature) S/have authority to manage is/are: Title or Capacity: Manager Manager | Name Keith 53 Riv Wesp Chris 2284 Los A | enacity. I and I am far the Turner e Preside e and Addu h Price verside Ave bort, CT 066 s Hubble Hidalgo Ave ngeles, CA | ress: enue 880 | er agreee with |
| 8. The name, title or capacity: Manager Manager Manager Attached is a certificate of or risdiction under the law of w | y and address of the person(s) who has Name and Address: Hugh Davis 53 Riverside Avenue Wesport, CT 06880 Jonathan Flatow Sa Riverside Avenue Wesport, CT 06880 | Asignature) S/have authority to manage is/are: Title or Capacity: Manager Manager | Name Keith 53 Riv Wesp Chris 2284 Los A | enacity. I and I am far the Turner e Preside e and Addu h Price verside Ave bort, CT 066 s Hubble Hidalgo Ave ngeles, CA | ress: enue 880 | er agree with |

Typed or printed name of signee

Jonathan A. Flatow

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "POP RESEARCH, 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 THIRTY-FIRST DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "POP RESEARCH, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2016.

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

Authentication: 204201744

Date: 12-31-18