

11/15/2019

Division of Corporations

Florida Department of State

Division of Corporations

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Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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TAXES SECTION

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11:30

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Email Address: _____

**Foreign Limited Liability Company
Discover Digital Ventures, LLC**

Certificate of Status	0
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Estimated Charge	\$155.00

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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:

1. Discover Digital Ventures, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC."

2. DE 84-2158698
(Jurisdiction under the law of which foreign limited liability company is organized) (D/E Number) (Optional)

4. Upon filing
(Date first transacted business in Florida, if prior to registration; (See sections 605.0901 & 605.0905, F.S., to determine penalty liability.)

5. 9721 Sherrill Boulevard
(Street Address of Principal Office)
Knoxville, TN 37932

6. 9721 Sherrill Boulevard
(Mailing Address)
Knoxville, TN 37932

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System
By: Stephanie Boehm, Asst Sec 
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Scrpps Networks, LLC

☒ Member Address: _____

☐ Authorized 9721 Sherrill Boulevard

Person Knoxville, TN 37932

☐ Other _____ ☐ Other _____

☒ Manager Name: David Zaslav

☐ Member Address: _____

☐ Authorized 850 Third Avenue, Suite 500

Person New York, NY 10022

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Gunnar Wiedenfeis

☐ Member Address: _____

☐ Authorized 850 Third Avenue, Suite 500

Person New York, NY 10022

☐ Other _____ ☐ Other _____

☒ Manager Name: Savalle Sim

☐ Member Address: _____

☐ Authorized 850 Third Avenue, Suite 500

Person New York, NY 10022

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

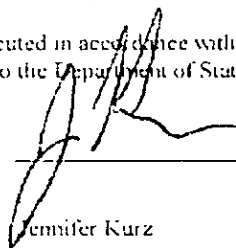
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Jennifer Kurz

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DISCOVERY DIGITAL VENTURES, 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2019.

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

FILED
2019 NOV 15 PM 4:46
DELAWARE



7409461 8300

SR# 20198094085

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204008793

Date: 11-14-19