

M22000000174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

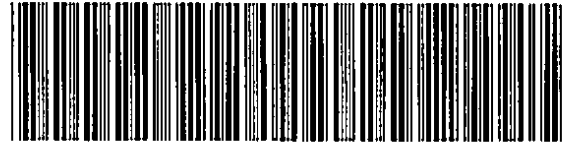
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/22/21--01021--002 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC 27 AM 9:48

FILED

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:

Havas Discovery, L.L.C.

1. _____ (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

Delaware

26-0023487

2. _____ (Jurisdiction under the law of which foreign limited liability company is organized)

3. _____ (FEI number, if applicable)

4. _____ (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

11/1/2022

200 Hudson Street

200 Hudson Street

5. _____ (Street Address of Principal Office)

New York, NY 10013

6. _____ (Mailing Address)

New York, NY 10013

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

Corporation Service Company

Name: _____

1201 Hays Street

Office Address: _____

Tallahassee

32301

_____, Florida _____ (City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Christa Pugh Assistant Secretary
(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:** _____
 Angelo Kritikos
 Manager Name: _____
 200 Hudson Street
 Member Address: _____
 New York, NY 10013
 Authorized _____

 Person _____
 CFO _____
 Other _____ Other _____

Title or Capacity: _____ **Name and Address:** _____
 Frank Mangano
 Manager Name: _____
 200 Hudson Street
 Member Address: _____
 New York, NY 10013
 Authorized _____

 Person _____
 VP _____
 Other _____ Other _____

Manager Name: _____
 Elizabeth Matrisciano
 200 Hudson Street
 Member Address: _____
 New York, NY 10013
 Authorized _____

 Person _____
 VP, Treasurer _____
 Other _____ Other _____

Manager Name: _____
 Nancy Wynne
 200 Hudson Street
 Member Address: _____
 New York, NY 10013
 Authorized _____

 Person _____
 Secretary _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____

 Person _____
 Other _____ Other _____

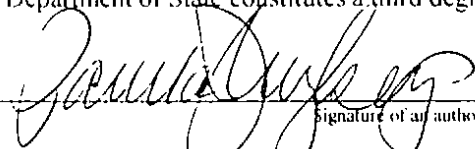
Manager Name: _____
 Member Address: _____
 Authorized _____

 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
 Pamela J. Herzenerg

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAVAS DISCOVERY, 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 EIGHTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAVAS DISCOVERY, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D. 1999.

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




Jeffrey W. Bullock, Secretary of State

3043865 8300

SR# 20214022278

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

Authentication: 204910506

Date: 12-08-21