

\*\*\*ORIGINALLY FAXED ON 1/21/2022. PLEASE HONOR THAT DATE AS FILE DATE\*\*\*

**M2200001257**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H22000028498 3)))



H220000284983ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I2016000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JAN 26 AM 9:28

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FILED

2022 JAN 26 PM 1:17

**Foreign Limited Liability Company  
INDEPENDENT ADVERTISING, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

**\*\*PLEASE FILE AFTER  
H22000028492**

FAXED ON 1/21/2022

**\*\*PLEASE FILE AFTER  
H22000028492**

FAXED ON 1/21/2022

Electronic Filing Menu

Corporate Filing Menu

Help

## Leslie Sellers

---

**From:** faxfinder@capitol-services.com  
**Sent:** Friday, January 21, 2022 4:43 PM  
**To:** Leslie Sellers  
**Subject:** FaxFinder Fax Notification: Successfully sent fax to 850-617-6383  
**Attachments:** fax\_outbound\_850-617-6383\_20220121\_154305\_000056EC-0000.pdf

Create Time: 01/21/2022 03:39:45 PM  
Schedule Time: 01/21/2022 03:43:05 PM  
State: sent  
Schedule Message: Successfully sent fax  
Hangup code: 0  
Try #: 1  
Username: admin  
Sender name: Leslie Sellers  
Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.  
Subject: H22000028498  
Max tries: 5  
Try interval: 600  
Priority: 3  
Pages: 6  
Recipient fax: 850-617-6383  
Recipient phone:  
Recipient name:  
Recipient org: FL SOS  
Use cover page: true  
Receipt: always  
Print receipt: never  
Print receipt printer:  
Print receipt first page: false  
Fax Page Size: auto

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Independent Advertising, LLC**  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip Code

Carl.Williams@interpublic.com

E-mail address: (to be used for future annual report notification)

**IMPORTANT:**  
The email address  
entered here will  
be utilized for  
future annual  
report notifications  
and possibly other  
**NOTIFICATIONS**  
from the STATE  
to the entity!

For further information concerning this matter, please call:

Name of Contact Person at ( 855 ) 498 - 5500  
Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$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 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. Independent Advertising, LLC

(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.")

2. DE

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

3. 04-3413445

(FEI number, if applicable)

4. Upon Filing

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

5. 53 State Street

(Street Address of Principal Office)

6. 53 State Street

(Mailing Address)

Boston MA 02109

Boston MA 02109

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301

(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.*

*Krista*

Krista Abair, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

(Registered agent's signature)

FILED  
2022 JAN 26 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

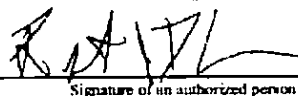
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Robert Dobson</u>	<input type="checkbox"/> Manager	Name: <u>Jay LaFratta</u>
<input type="checkbox"/> Member	Address: <u>909 Third Ave</u>	<input type="checkbox"/> Member	Address: <u>53 State Street</u>
<input type="checkbox"/> Authorized	<u>New York NY 10022</u>	<input type="checkbox"/> Authorized	<u>Boston MA 02109</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>VP</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Robert Dobson</u>	<input type="checkbox"/> Manager	Name: <u>Karen Kaplan</u>
<input type="checkbox"/> Member	Address: <u>909 Third Ave</u>	<input type="checkbox"/> Member	Address: <u>53 State Street</u>
<input type="checkbox"/> Authorized	<u>New York NY 10022</u>	<input type="checkbox"/> Authorized	<u>Boston MA 02109</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>VP</u>	<input checked="" type="checkbox"/> Other <u>Sec</u>	<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Carl Williams</u>	<input type="checkbox"/> Manager	Name: <u>Alex Nisita</u>
<input type="checkbox"/> Member	Address: <u>909 Third Ave</u>	<input type="checkbox"/> Member	Address: <u>909 Third Ave</u>
<input type="checkbox"/> Authorized	<u>New York NY 10022</u>	<input type="checkbox"/> Authorized	<u>New York NY 10022</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Asst. Sec.</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Treasurer</u>	<input type="checkbox"/> 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

Robert Dobson

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 "INDEPENDENT ADVERTISING, 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 TWENTY-FIRST DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INDEPENDENT ADVERTISING, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 1998.

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



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

2853018 8300

SR# 20220209661

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202456364

Date: 01-21-22