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(Requestor's Name)

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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

Triptk LLC

SUBJECT: _____
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:

Pamela J. Herzenberg

Name of Person

Pamela J. Herzenberg Attorney at Law

Firm/Company

10 Julia Court

Address

Tinton Falls, NJ 07712

City/State and Zip Code

nancy.wynne@havas.com

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

For further information concerning this matter, please call:

Pamela J. Herzenberg

732

804-4512

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. Triptk 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.")
Delaware 82-3026872

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)

200 Hudson Street 200 Hudson Street

5. _____ (Street Address of Principal Office) 6. _____ (Mailing Address)
New York, NY 10013 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)

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 Christa Pugh, Assistant Secretary
(Registered agent's signature)

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2022 JUN 15 AM 6:18
STATE OF FLORIDA
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]:

Title or Capacity: **Name and Address:**
Samuel Hornsby
☒ Manager Name: _____
200 Hudson Street
☐ Member Address: _____
New York, NY 10013
☐ Authorized _____
Person _____
☒ Other CEO ☐ Other _____

Stephanie Nerlich
☒ Manager Name: _____
200 Hudson Street
☐ Member Address: _____
New York, NY 10013
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Joseph Parise
☐ Manager Name: _____
200 Hudson Street
☐ Member Address: _____
New York, NY 10013
☐ Authorized _____
Person _____
☒ Other Vice President ☐ Other _____

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

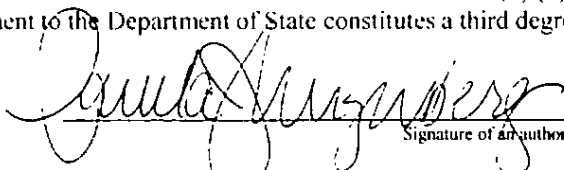
Gaetan Durocher
☐ Manager Name: _____
200 Hudson Street
☐ Member Address: _____
New York, NY 10013
☐ Authorized _____
Person _____
☒ Other Vice President ☐ Other _____

Elizabeth Matrisciano
☐ Manager Name: _____
200 Hudson Street
☐ Member Address: _____
New York, NY 10013
☐ Authorized _____
Person _____
☒ Other Treasurer ☐ 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. Herzenberg

Typed or printed name of signee

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>
<input type="checkbox"/> Manager	Name: <u>Nancy Wynne</u>
<input type="checkbox"/> Member	Address: <u>200 Hudson Street</u>
<input type="checkbox"/> Authorized	<u>New York, NY 10013</u>
Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other <u></u>

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Pamela J. Herzenberg</u>
<input type="checkbox"/> Member	Address: <u>10 Julia Court</u>
<input type="checkbox"/> Authorized	<u>Tinton Falls, NJ 07712</u>
Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Authorized Person</u>	<input type="checkbox"/> Other <u></u>

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIPTK 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 ELEVENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRIPTK LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2017.

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.

6569522 8300

SR# 20221920478

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

Authentication: 203402658

Date: 05-11-22