## M22000016257

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Bocament Hamser)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date: October	20, 2022	•	ACCOUNT#. 120000000000
Name: Janell	e Davis	_	
Reference #:	1812753		
Entity Name:	FIRST	TUBE, LLC	_
Articles of Incorp	oration/Authori	ization to Transact Busines	·s
Amendment			
Change of Agent	:		
Reinstatement			
Conversion			
Merger			
☐ Dissolution/Witho	drawal		
Fictitous Name			
Other			
Authorized Amount:	\$125	.00	
Signature:	Janelle T	Davis	

#### **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJE	FIRST TUBE, LLC						
SOBIL	Name of Limited Liability Company						
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ee, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida						
Please	eturn all correspondence concerning this matter to the following:						
	Megan Jeziorkowski						
	Name of Person						
	Horizon Media						
	Firm/Company						
75 Varick Street							
Address							
	New York, NY 10013						
	City/State and Zip Code						
	mjeziorkowski@horizonmedia.com  E-mail address: (to be used for future annual report notification)						
For fur	ner information concerning this matter, please call:						
TOT TUI	ter mormation concerning this matter, please can.						
	Megan Jeziorkowski 212 220-7378						
	Name of Contact Person Area Code Daytime Telephone Number						
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE						
	S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Copy  Certificate of Status Certified Copy  S160.00 Filing Fee, Certified Copy  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.		FIRST TU	BE, LL	.C		_				
	(Name of Foreign Lie	nited Liability Company; must include "Limi	ted Liability	y Compa	any," "L.L.	C ," or "Ll	.C ~)			
(If a	name unavailable, enter alternate name	adopted for the purpose of transacting business in F	lorida. The al	lternate na	ime must inc	lude "Limite	d Liability	Company," "L.I	. C," or "	LLC "I
2		LAWARE	3.					f applicable)		
	(Jurisdiction under the law of which	toreign limited hability company is organized)				(Fb)	number, i	i applicable)		
4.		6/29/2022								
		(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to deter-	, ,	•						
5.	77 Sands St, Bro		6.	75 V	arick S	Street,	New	York, NY	1001	13 —
	(Meet Addition of the	qui viace)				(,*************************************	, ruidicss,			
					- · - · · - · ·					
								, <u></u>	2022	
7	Name and arms of additions	.f. Clavida maximum day anta (D.O. D.a	NOT.		.hlav	•			0CT 2	
1.	Name and street address (	of Florida registered agent: (P.O. Bo	X <u>NO1</u> a	эссеріа	ible)					
	Name:	COGENCY GLOBAL	INC.						PH 12:	() () ()
	Office Address: _	115 North Calhoun St.	Suite 4						8	
	_	Tallahassee			. Florida	32	2301			
	_	(City)			=	(Zı	p 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.

/s/Tracy Giumarra					
(Registered agent's signature)					
COGENCY GLOBAL INC Tracy Giumarra, Assistant Secretary					

8. For initial index manage [up to six (6)	ing purposes, list names, title or capacity and b) total]:	d addresses of the primary m	embers/managers or persons authorized to			
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:			
☐Manager	Name: Bill Koenigsberg	☐ Manager	Name: Vincent O'Toole			
⊠Member	Address: 75 Varick Street	Member	Address: 75 Varick Street			
Authorized	New York, NY 10013	Authorized	New York, NY 10013			
Person		Person				
Other	Other	Other	Other			
Manager	Name: Donald Williams	∐] Manager	Name: Andrew Beranbom			
⊠Member	Address: 75 Varick Street	⊠ Member	Address: 77 Sands St			
Authorized	New York, NY 10013	Authorized	Brooklyn, NY 11201			
Person		Person				
Other	Other	Other	Other			
∐Manager	Name: Scott Hoffman	☐ Manager	Name:			
⊠Member	Address: 77 Sands St	Member	Address:			
Authorized	Brooklyn, NY 11201	Authorized				
Person		Person				
Other	Other	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.  **Little Department of State Constitutes a third degree felony as provided for in s.817.155, F.S.						
	Signati	ure of an authorized person				
Vincent O'Toole						

Typed or printed name of signee

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FIRST TUBE, 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 TWENTIETH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIRST TUBE, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2014.

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

Authentication: 204668660

Date: 10-20-22

5633361 8300 SR# 20223823471