

M220000017414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

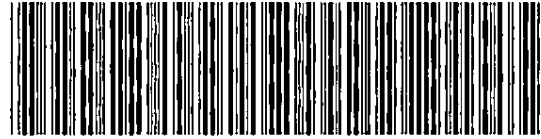
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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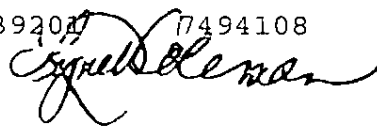
S. ROBERTS

NOV 17 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 139201 7494108

AUTHORIZATION : 

COST LIMIT : \$ 125.00

ORDER DATE : November 16, 2022

ORDER TIME : 9:50 AM

ORDER NO. : 139201-005

CUSTOMER NO: 7494108

FOREIGN FILINGS

NAME: MINDTRIC LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mindtric 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:

Kathleen M. Jones-Legal Dept.
Name of Person

c/o DAS-Mindtric LLC
Firm/Company

1285 6th Avenue
Address

NY, NY 10019
City/State and Zip Code

kate.jones@dasglobal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Kate Jones</u>	<u>212</u>	<u>415-3645</u>
Name of Contact Person	at (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. Mindtrix 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 3. 88-3335836
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Jan-1-2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6600 N. Andrews Ave, Ft. Lauderdale, FL 333 6. same address listed in #5
(Street Address of Principal Office) (Mailing Address)

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
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.

Corporation Service Company Eyleine Baker
Assistant Vice President

By: _____
(Registered agent's signature)

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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: OAC Network, L.P.

☒ Member Address: 1285 6th Ave., NY, NY 10019

☐ Authorized _____

Person Attn: Kathleen M. Jones

☐ Other _____ ☐ Other _____

☐ Manager Name: Greg Flamion

☐ Member Address: 6600 N. Andrews Ave., Ft. Lauderdale, FL 33309

☒ Authorized CFO

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Kathleen M. Jones

☐ Member Address: 1285 6th. Ave., NY, NY 10019

☒ Authorized Asst. Vice President & Asst. Sec'y

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Ronnie Haligman

☐ Member Address: 6600 N. Andrews Ave., Ft. Lauderdale, FL 33309

☒ Authorized CEO

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: John Walker

☐ Member Address: 1285 6th Ave., NY, NY 10019

☒ Authorized Vice President & Secretary

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Cara Milligan

☐ Member Address: 1285 6th. Ave., NY, NY 10019

☒ Authorized Asistant Secretary

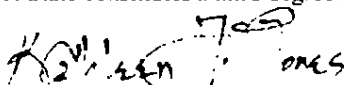
Person _____

☐ 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

Kathleen M. Jones, Assistant Vice President & Assist. Secretary

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MINDTRIC 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MINDTRIC LLC" WAS FORMED ON THE FIFTEENTH DAY OF JULY, A.D. 2022.

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



6914199 8300

SR# 20224035316

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: 204872628

Date: 11-16-22