

1/11/23, 5:05 PM

Division of Corporations

M2300001453

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Please print this page and attach it to your cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000014582 3)))



H2300001458234BCZ

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 : C T CORPORATION SYSTEM
Account Number : FC4000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: janalin.melendez@encoreglobal.com

**Foreign Limited Liability Company
Concise Media Design, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Please file 2nd after
coversheet:
H23000014576 3. Thank
you!

JAN 13 2023

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

**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. Concise Media Design, LLC

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

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C."

2. Delaware

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

3. 46-4199651

(FID number, if applicable)

4. Upon Qualification

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

5. 5100 N River Road Ste. 300

(Street Address of Principal Office)

6. 5100 N River Road Ste. 300

(Mailing Address)

Schiller Park, IL 60176

Schiller Park, IL 60176

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

C T Corporation System

By: Jayna Nickel

Jayna Nickel Asst. Secretary

(Registered agent's signature)

2023 JAN 12 PM 1:32

FILED

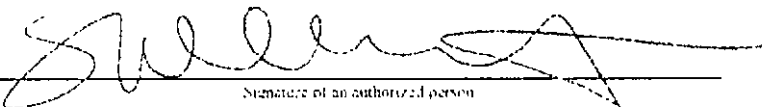
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total)

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Benjamin Erwin</u>	☐ Manager	Name: <u>J. Whitney Markowitz</u>
☐ Member	Address: <u>5100 N River Road Ste. 300</u>	☐ Member	Address: <u>5100 N River Road Ste. 300</u>
☐ Authorized	<u>Schiller Park, IL 60176</u>	☐ Authorized	<u>Schiller Park, IL 60176</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ 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.



 Signature of an authorized person

J. Whitney Markowitz, Authorized Person

 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 "CONCISE MEDIA DESIGN, 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 TENTH DAY OF JANUARY, A.D. 2023.

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



7185437 8300

SR# 20230091216

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

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.

Authentication: 202464851

Date: 01-10-23