

5/25/23, 4:38 PM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

Foreign Limited Liability Company
EVOKE MEDIA LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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**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. EVOKE MEDIA 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. DELAWARE

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

3. 46-4694666

(FPI 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)5. 800 TOWNSHIP LINE RD

(Street Address of Principal Office)

6. 800 TOWNSHIP LINE RD

(Mailing Address)

SUITE 300SUITE 300YARDLEY, PA 19067YARDLEY, PA 190677. 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 FlTallahassee, 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.

Shawna L. Smith

(Registered agent's signature)

Shawna L. Smith, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

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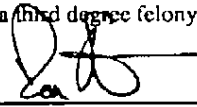
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|----------------------------------------------------------|------------------------------------------|---------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Manager | Name: <u>Rob Henderson</u> | <input checked="" type="checkbox"/> Manager | Name: <u>PAUL TAAFFE</u> |
| <input type="checkbox"/> Member | Address: <u>800 TOWNSHIP LINE RD</u> | <input type="checkbox"/> Member | Address: <u>300 VESEY ST, 10TH FLOOR</u> |
| <input type="checkbox"/> Authorized | <u>SUITE 300</u> | <input type="checkbox"/> Authorized | <u>NEW YORK, NY 10282</u> |
| Person | <u>YARDLEY, PA 19067</u> | Person | |
| <input checked="" type="checkbox"/> Other <u>OFFICER</u> | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: <u>Ian Stevens</u> | <input checked="" type="checkbox"/> Manager | Name: <u>Reid Connolly</u> |
| <input type="checkbox"/> Member | Address: <u>300 VESEY ST, 10TH FLOOR</u> | <input type="checkbox"/> Member | Address: <u>300 VESEY ST, 10TH FLOOR</u> |
| <input type="checkbox"/> Authorized | <u>NEW YORK, NY 10282</u> | <input type="checkbox"/> Authorized | <u>NEW YORK, NY 10282</u> |
| Person | | Person | |
| <input checked="" type="checkbox"/> Other <u>OFFICER</u> | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: <u>MARTIN MORROW</u> | <input checked="" type="checkbox"/> Manager | Name: <u>Neil Jones</u> |
| <input type="checkbox"/> Member | Address: <u>800 TOWNSHIP LINE RD</u> | <input type="checkbox"/> Member | Address: <u>800 TOWNSHIP LINE RD</u> |
| <input type="checkbox"/> Authorized | <u>SUITE 300</u> | <input type="checkbox"/> Authorized | <u>SUITE 300</u> |
| Person | <u>YARDLEY, PA 19067</u> | Person | <u>YARDLEY, PA 19067</u> |
| <input checked="" type="checkbox"/> Other <u>OFFICER</u> | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <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

IAN STEVENS

Typed or printed name of signee

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EVOKE MEDIA 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-FIFTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVOKE MEDIA LLC"
WAS FORMED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2014.

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



5469421 8300

SR# 20232403176

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

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

Authentication: 203425814

Date: 05-25-23