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

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APR 1 9 2024 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

Phone: 850-558-1500						
ACCOUNT NO. : 12000000195						
REFERENCE : 336668 8415659						
AUTHORIZATION CARRIED COMMEN						
COST LIMIT \$125.0						
ORDER DATE : February 27, 2024						
ORDER TIME : 1:30 PM						
ORDER NO. : 336668-085						
CUSTOMER NO: 8415659						
FOREIGN FILINGS						
NAME: LOCALITY STREAMING, LLC						
XXXX QUALIFICATION (TYPE: <u>LL</u>)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						

EXAMINER: _____

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Locality Streaming, LLC						
Name of Limited Liability Company							
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.					
Please i	return all correspondence concerning this matter to	o the following:					
	Sandy Ashendorf						
	Name of Person						
	Locality, Inc.						
		Firm/Company					
	5 Times Square, 30th floor						
		Address					
	New York, NY 10036						
	C	ity/State and Zip Code					
	sandy.ashendorf@locality.com						
	E-mail address: (to be	used for future annual report notification)					
For furt	ther information concerning this matter, please cal	1:					
Tom Gillick		212 372-4336 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address:					
		Registration Section Division of Corporations The Centre of Tallahassee					
					Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	111111111111111111111111111111111111111	Tallahassee, FL 32303					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP \$125.00 Filing Fee \$130.00 Filing Fee Certificate o	e & \$\Boxed{\Boxes}\$ \$\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$					

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:

iname unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability Co	mpany," "L.L.C." or "LLC	
Delaware		26-0836751 3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if appl	icable)	
upon filing				
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S., to determine	egistration.) to penalty liability)		
5 Times Square, 30t	h Floor	5 Times Square, 30th Floor		
eet Address of Principal Office)		6. (Mailing Address)		
New York, NY 10036		New York, NY 10036		
	· ·······			
	ss of Florida registered agent: (P.O. Box		7024 A	
	· ·······		2024 APR 1	
Name and street addres	ss of Florida registered agent: (P.O. Box		. 😄 占	
Name and street address	ss of Florida registered agent: (P.O. Box Corporation Service Company		2024 APR 18 PH 1: 2	

(Registered agent's signature)

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:	Title or Capacity:	Name and Address:
□Manager	Name: John Brohel	□Manager	Name: Mark Rosenthal
□Member	Address: 5 Times Square, 30th Floor	□Member	Address: 5 Times Square, 30th Floor
□Authorized	New York, NY 10036	□Authorized	New York, NY 10036
Person		Person	
■Other	Other	Executive Other Chairman	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
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.

John Brohel
Signature of an authorized person

John Brohel, CFO

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LOCALITY STREAMING, 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-NINTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOCALITY STREAMING, LLC" WAS FORMED ON THE THIRTIETH DAY OF AUGUST, A.D. 2007.

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

and some delayers sow and

Authentication: 203144098

Date: 03-29-24