## M25000000 261

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





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#### COVER LETTER

UBJECT:	OOKLA, LLC					
	Name of Limited Liability Company					
e enclosec istence, ar	f "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.				
ase return	all correspondence concerning this matter t	to the following:				
	Robert Taylor					
	Name of Person					
	OOKLA, LLC					
		Firm/Company				
	360 Park Ave South, 17th Floor					
		Address				
	New York, NY 10010					
	City/State and Zip Code					
	corpgov@ziffdavis.com					
		e used for future annual report notification)				
r further in	nformation concerning this matter, please ca	dl:				
Robert Taylor		at ( 212 ) 503-3500  Area Code Daytime Telephone Number				
	Name of Contact Person	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				
Plea	closed is a check for the following amount: use make check payable to: FLORIDA DEI \$125.00 Filing Fee  \$130.00 Filing Fee  Certificate (	ee & 🖂 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate				

TO:

Registration Section

#### 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Washington  (Jurisdiction under the law of wh					"I.LC
(Jurisdiction under the law of wi	Washington (Jurisdiction under the law of which foreign limited liability company is organized)		-1499376	, if applicable)	
	hich foreign limited liability company is organized)		(1931 number	, if applicable)	
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905; F.S. to determin	egistration ) ne penalty liabili	15)	<u>.</u>	
reet Address of Principal Office)		6	(Mailing Address)	<del></del>	_
360 Park Ave South, 17th Floor		360	Park Ave South, 17th Flo	oor	
New York, NY 10010		Nev	v York, NY 10010		
Name and street address Name:	S of Florida registered agent: (P.O. Box C T Corporation System	<u>NOT</u> acce	ptable)	2024 JUH 28	
				TD[]	
Office Address:	1200 South Pine Island Road		_		
Office Address:	Plantation (Cus)			FH 5: 2	

Title or Capacity:	Name and Address:	Title or Capacity:	
□Manager	Name: Ziff Davis, LLC	□Manager	Name: Stephen Bye
■Member	Address:	□Member	Address:
□Authorized	360 Park Ave South, 17th Floor	■ Authorized	360 Park Ave South, 17th Floor
Person	New York, NY 10010	Person	New York, NY 10010
Other	Other	Other	Other
⊑Manager	Name: Bret Richter	□Manager	Name: Bruce Strosser
□Member	Address:	□Member	Address:
<b>⊡</b> Authorized	360 Park Ave South, 17th Floor	■ Authorized	360 Park Ave South, 17th Floor
Person	New York, NY 10010	Person	New York, NY 10010
□Other	Other	□ Other	Other
⊡Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
■ Authorized	360 Park Ave South, 17th Floor	■Authorized	360 Park Ave South, 17th Floor
Person	New York, NY 10010	Person	New York, NY 10010
□Other		Other	Other
indexed individuals  9. Attached is a cert jurisdiction under th of the translator mus  10. This document i	ise an attachment to report more than six (6) may be added to the index when filing your ifficute of existence, no more than 90 days one law of which it is organized. (If the certification)	r Florida Department of State Id, duly authenticated by the icate is in a foreign language 0203 (1) (b), Florida Statutes	Annual Report form.  official having custody of records in, a translation of the certificate under.  I am aware that any false information

Typed or printed name of signee

## OOKLA, LLC

## 8. Additional authorized persons:

Name	Title	Address
Julianna Orgel-Eaton	Authorized Person	360 Park Ave South, 17th Floor, New York, NY 10010
Alyssa Flores	Authorized Person	360 Park Ave South, 17th Floor, New York, NY 10010

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# The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

OF

#### OOKLA, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/18/2004.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> Issued Date: 03/29/2024 UBI Number: 602 422 103

> > R Hohre



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 03/29/2024