

11/16/2015 2:54:48 PM From: To: 8506176383(2/5) DocuSign Envelope ID: 2DACDE81-5443-4A9D-AB2D-DU09/B8555506

COVER LETTER

TO: Registration Section Division of Corporations

- <u>(</u>

SUBJECT: Gameface Media Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

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The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this	matter	to the following:	·
Jennifer Peterson			ALCO 5
	me of I	Person	ET Q T
Gameface Media INc.			Sill of L
Fim	n/Com	pany	
109 Kingston Street, 4th Floor			
	Addre	SS	BH N
Boston, MA 02111			≫… ∞
City/S	tatc ar	d Zip code	
jennifer@gamefacemedia.com		-	
E-mail address: (to be	used f	or future annual report r	notification)
Jennifer Petersonat (,	573-6971	
Name of Person Are	a Code	Daytime Telepl	hone Number
STREET/COURIER ADDRESS:		MAILING A	DDRESS:
Registration Section		Registration S	ection
Division of Corporations		Division of Co	
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle Tallahassoc, FL 32301		Tallahassee, F	L 32314
Enclosed is a check for the following amount:			
\$70.00 Filing Fcc \$78.75 Filing Fec & Certificate of Status		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

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Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Gameface Me	dia Inc.		
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATIO	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)
2. Delaware	3.	465432993	
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
4. March 8, 2014	5.	Perpetual	
(Date	of incorporation)	(Date of duration, if othe	r than perpetual)
6. 11/1/15			
		n Florida, if prior to registration)	
100 Kinaston St	(SEE SECTIONS 607.1501 & 607.1: treet, 4th Floor, Boston MA 02111	502, F.S., to determine penalty fiability	iity)
7			
	(Princiş	pal office address)	
			<u>Pri S n</u>
	(Current mailin	ng address, if different)	ARY IC
8. Name and <u>stree</u>	address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	F STA
Name:	C T Corporation System	<u></u>	
Office Address:	1200 South Pine Island Road		28 TE IDA
	Plantation, FL 33324	, Florida	
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

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Chairman:	Robert Crowley				
Address: _	109 Kingston Street, 4th Floor, Boston MA 02111				
_					
Vice Chain	nan:				
Director:	David Lavallee				
-	109 Kingston Street, 4th Floor, Boston MA 02111	······································			
11001035.	:				
		TSA 5			
Address		THE FE			
B. OFFIC	чтрс				
-	David Lavallee	FLOGT .			
President:	09 Kingston Street, 4th Floor Boston MA 02111	En o			
Address:					
-					
	ent:	······································			
Address:					
-	David Lavallee				
Secretary:	09 Kingston Street, 4th Floor, Boston, MA 02111				
Address:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
Treasurer:		,			
Address:					
NOTE: If	necessary, you may attach an addendum to the application listing additional officer and the second s	icers and/or directors.			
12.	Signature of Director or Officer				
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein					
	d that he or she is aware that false information submitted in a document to the Derec felony as provided for in s.817.155, F.S.	epartment of State constitutes			
13. David	Lavallee				
(Typed or printed name and capacity of person signing application)					

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GAMEFACE MEDIA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

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5273031 8300 SR# 20150930354 You may verify this certificate online

Authentication: 10426565 Date: 11-16-15

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