DOC ID ----> 201312800329

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/08/2013	201312800329	REG. OF FOR. PROFIT LIM. LIAB. CO. (LFP)	125.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

FLASH SEATS, LLC DBA VERITIX
BETH CAMPBELL-MADDALUNO
250 WEST HURON ROAD - SUITE 202
CLEVELAND, OH 44113

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2197441

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

FLASH SEATS, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
REG. OF FOR. PROFIT LIM. LIAB. CO.	**201312800329**

Effective Date: 05/06/2013

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 8th day of May, A.D. 2013.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201312800329

Form 533B Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two-business day processing time requires an additional $100.00).
P.O. Box 1390
Columbus, OH 43216

RECEIVED
MAY - 6 2013
SECRETARY OF STATE

Registration of a Foreign Limited Liability Company

Filing Fee: $125

CHECK ONLY ONE (1) BOX

(1) ☒ Registration of a Foreign For-Profit Limited Liability Company
(106-LFA)
ORC 1705

Jurisdiction of Formation: Delaware

Date of Formation: 2/6/2007

(2) ☐ Registration of a Foreign Nonprofit Limited Liability Company
(106-LFA)
ORC 1705

Jurisdiction of Formation:

Date of Formation:

Name of Limited Liability Company in its jurisdiction of formation

Flash Seats, LLC

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:

Flash Seats, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd"

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:

Guy Villa
Name

250 West Huron Road, Suite 202
Mailing Address

Cleveland — City
OH — State
44113 — ZIP Code

This fax was received by GFI FAXmaker fax server. For more information, visit: http://www.gfi.com

DOC ID ----> 201312800329

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

CSC-Lawyers Incorporating Service (Corporation Service Company

Name

50 West Broad Street, Suite 1800

Mailing Address

Columbus	Ohio	43215
City	State	ZIP Code

☐ **If the agent is an individual and using a P.O. Box, check this box to confirm that the agent is an Ohio resident.**

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

a. an agent is not appointed, or
b. an agent is appointed but the authority of that agent has been revoked, or
c. the agent cannot be found or served after the exercise of reasonable diligence.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

Authorized Representative

By (if applicable)

Guy Villa

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

This fax was received by GFI FAXmaker fax server. For more information, visit: http://www.gfi.com