

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of <u>RIGL 7-1,2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

The trial purpose submits the following statement.						
The name of the corporation is:						
Zeta Global Corp.						
2. It is incorporated under the laws of: Delaware						
3. The name, if different, which it elects to use in Rhode Island is:						
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:						
Zeta Global Corp.						
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:						
4. The date of its incorporation is: 09.28.2007						
And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going)						
Date certain for dissolution						
5. The address of its principal office is:						
3 Park Ave, 33rd Floor, New York, NY 10016						
6. The name and address of the initial registered agent/office in Rhode Island:						
Agent Name Incorporating Services, Ltd.						
Street Address (NOT a P.O. Box) 222 Jefferson Blvd. Suite 200						
City/Town Warwick	State RHODE ISLAND	Zip Code ₀₂₈₈₈				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 04 2021

BYL PY CP

7. The purpose or purpo	oses which it pr	oposes to pursue in th	e transaction of b	ousiness in Rhode Island are:	
Digital Marketing					
8. (a) The names and re	espective addre	esses of its directors (o	ptional, unless di	rectors are required under the laws of the	
state or country of which it is incorporate NAME		ADDRESS			
David Steinberg					
<u> </u>	·	3 Park Ave, 33rd Floor, New York, NY 10016			
William Landman		3 Park Ave, 33rd Floor, New York, NY 10016			
John Sculley Robert Niehaus			r, New York, NY 10016 rr, New York, NY 10016		
William Royan		3 Park Ave, 33rd Floor, New York, NY 10016			
			<u> </u>	Check the box to indicate an attachment	
8. (b) The names and re of the state or country of	espective addre	esses of its principal off orporated):	icers (mandatory	if directors are not required under the laws	
OFFICE	NAME		ADDRESS		
PRESIDENT	Steven Gerber		3 Park Ave, 33rd Floor, New York, NY 10016		
VICE PRESIDENT					
TREASURER	Jaspreet Saluja		3 Park Ave, 33rd Floor, New York, NY 10016		
SECRETARY	Steven Vine		300 Mercer St. (15J) New York, NY 10003		
	<u>*</u> .			Check the box to indicate an attachment	
9. The aggregate numb par value, and series, if	er of shares whare, within a cl	nich it has authority to i lass, is:	ssue; itemized by	y classes, par value of shares, shares without	
NUMBER OF SHARES	CLAS	S	SERIES	PAR VALUE OR STATE NO PAR VALUE	
1000	common			0.001	
					
	=- -			-	
		-		-	
	·			_	
10. An estimate, as a polocated within this state	ercentage, of to	he proportion that the opining year bears to the	estimated value of all prop	of the property of the corporation to be erry of the corporation to be owned during	
the following year, wher					
%					
	siness in Rhode pration during th	Island during the follo	wing year compa	usiness to be transacted by the corporation ared to the gross amount thereof which will be lained from worksheet.)	

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 This application must be accompanied by a <u>Certificate of G</u> formation dated within 60 days of the date of this filing. 	ood Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHE	CK ONE BOX ONLY
☑ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days fr	rom the date of filing)
Under penalty of perjury, I declare and affirm that I have examin accompanying attachments, and that all statements contained in	ned this Application for Certificate of Authority, including any herein are true and correct.
Type or Print Name of Authorized Officer	Date
Steven Vine, EVP	1/15/2021
Signature of Authorized Officer of the Corporation	
Docus Signand by 20007: 200: 24 CM 644	

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ZETA GLOBAL CORP." 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 FOURTH DAY OF MAY, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZETA GLOBAL CORP." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2007.

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

Authentication: 203118141

Date: 05-04-21