Division of Corporations Florida Department of State Division of Corporation Electronic Filing Court Shoe	unbiz.org/scripts/efilcovrexe
Note: Please print this page and use it as a cover sheet. Type the fax aunumber (shown below) on the top and bottom of all pages of the document	
(((H12000108992 3)))	
H120001089923ABC%	this
page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CORPORATE CREATIONS INTERNATION Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639 Fax Number : (561)694-163	ZUIZ APR 23 AN 8: 51
	J. SAULSBERRY EXAMINER APR 24 2012

ι,

ł

H12000108992

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608 503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Felman Production, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2.	Delaware	З				_
-	(Jurisdiction under the law of which foreign limited liability company is organized)	-	(FEI number, if applic	able)		
4.	September 22, 2005	5.	perpetual			
	(Date of Organization)		(Duration: Year limited liability con exist or "perpetual")	npaniy wut		
б.	upon filing of this application					_
	(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orid . lo	a, if prior to registration.) determine penalty liability)	A	2012	
7.	200 S. Biscayne Blvd., Suite 3660				AP	_ 1]
	Miami, FL 33131			IARÝ ASSE	R 23	
	(Street Address	of)	Principal Office)	20	AM	r n
8.	If limited liability company is a manager-managed	lcc	mpany, check here 🔀	STA	çç	\Box
				E m	5	
9.	The name and usual business addresses of the man Marios Sarris 200 S. Biscayne Blvd., Suite 3660 Miaml FL			s 10110WS:		
	Mordechai Korf 200 S. Biscayne Blvd., Sulte 3660 Miami					<u> </u>
			······		_	
				·····		_

10. Attached is an original 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 (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under certh of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

Production company

Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Marios Samis by Valerie Hawk-Donohue as atty-in-fact

Typed or printed name of signee

H12000108992

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Felman Production, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

POWELL, ROBERT			≱	2012	
	(Name)		LAH		
200 S BISCAYNE BLV			ASSE	APR 23	
Florida Stre	SC FE	A	ſ		
MIAMI	FI.	33131	S	çç	Ę
	City/State/Zip		<u>S</u> m	Ś	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

POWELL, ROBERT by Valerie Hawk-Donohue as atty-in-fact (Signature)

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FELMAN PRODUCTION, 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-THIRD DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FELMAN PRODUCTION, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2005.

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

W. Dulle AUTHENTICATION: 9521882

1012 APR 23 AH 8: 5

FILED

DATE: 04-23-12

4034786 8300 120460737

You may verify this certificate online at corp.delaware.gov/authwer.ghtml