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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| CUDIECT. | OrangeSunMedia | LLC | | | | |
|-------------------|--|--------------------------------------|------------------------------------|------------------------------------|--|--|
| SUBJECT: | | Name of | Limited Liability (| Company | | |
| | | | | | ansact Business in Florida," Certificate y company to transact business in Flor | |
| Please return | all correspondence | concerning this matter to the | following: | | | |
| | Meir GayCoh | en | | | | |
| | | N | ame of Person | | | |
| | | F | irm/Company | | | |
| | 465 Brickell A | ve Apt 4303 | | | | |
| | | | Address | | | |
| | Miami, FL 33 | 131 | | | | |
| | | City/S | tate and Zip Code | | | |
| | mcohen@gma | il.com | | | | |
| | | E-mail address: (to be use | d for future annual | report not | tification) | |
| For further in | nformation concernit | ng this matter, please call: | | | | |
| jare | edesguerra | | 305 at (| 30433 _) | | |
| | Name | of Contact Person | Area Code | Day | time Telephone Number | |
| Div Reg P.O | ILING ADDRESS ision of Corporation istration Section . Box 6327 | | | Division Registrat Clifton B | C | |
| Tall | ahassee, FL 32314 | | | | ecutive Center Circle see, FL 32301 | |
| | check for the follow 125.00 Filing Fee | ving amount: ☐ \$130.00 Filing Fee & | □ \$155.00 £25 | a Eas P | El \$140.00 Elling Fam Constitute | |
| = 3 | 123.00 Timing Fee | Certificate of Status | ☐ \$155.00 Filin Certified Copy | & Lee or | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy | |

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:

| | nate name adop | ted for the purpose of transacting business i | | | bility Company," "L.L.C," or "LL |
|---|---|--|--|--|--|
| Vyoming | -C. kk. 6 | gn limited liability company is organized) | _ 3 | 811083264 | ber, if applicable) |
| | or which foreig | gn inmied manniny company is organized) | | (P.C.) TILDIN | oct 11 africaoie) |
| N/A | <u></u> | to first transacted buy main in Standa of an | or to regulation) | | |
| | (Se | ate first transacted business in Florida, if price sections 605,0904 & 605,0905, F.S. to de | termine penalty lia | bility) | |
| 465 Brickell Ave | Apt 4303 | Mire | 6 | 65 Brickell Ave Apt 4303 (Mailtee Add | |
| Miami, FL 33131 | | | <u> </u> | Miami, FL 33131 | , |
| | | | - | | |
| Vame and <u>street ac</u> | ldress of Fl | orida registered agent: (P.O. I | Box <u>NOT</u> ac | ceptable) | |
| Name: | Meir | GayCohen | <u> </u> | <u>-</u> | |
| Office Addre | ess: 465 | Brickell Ave Apt 4303 | | | |
| | Miar | ni | | . Florida <u>33131</u> | |
| | | (City) | | (Zip cod | (c) |
| | | all statutes relative to the pro y position as registered agent. | | ed agent and agree to act plete performance of my | |
| | | y position as registered agent. | | | |
| i accept the obliga | tions of my | y position as registered agent. | ent's signature) | plete performance of my | |
| i accept the obliga | capacity ar | y position as registered agent. (Registered ag | ent's signature) o has/have au | plete performance of my | |
| The name, title or | capacity ar | (Registered agent. (Registered agent) and address of the person(s) wh Name and Address: 465 Brickell Ave Apt 430 | ent's signature) o has/have au Titl | plete performance of my anthority to manage is/are: | duties, and I am familia |
| The name, title or Title or Capacity | capacity ar | or position as registered agent. (Registered agent and address of the person(s) when Name and Address: 465 Brickell Ave Apt 430 Miami, FL 33131 | ent's signature) o has/have au Titl | plete performance of my anthority to manage is/are: | duties, and I am familia |
| The name, title or Title or Capacity | capacity ar | (Registered agent. (Registered agent) and address of the person(s) wh Name and Address: 465 Brickell Ave Apt 430 | ent's signature) o has/have au Titl | plete performance of my anthority to manage is/are: | duties, and I am familia |
| The name, title or Title or Capacity | capacity ar | or position as registered agent. (Registered agent and address of the person(s) when Name and Address: 465 Brickell Ave Apt 430 Miami, FL 33131 | ent's signature) o has/have au Titl | plete performance of my anthority to manage is/are: | duties, and I am familia |
| The name, title or Title or Capacity | capacity ar | or position as registered agent. (Registered agent and address of the person(s) when Name and Address: 465 Brickell Ave Apt 430 Miami, FL 33131 | ent's signature) o has/have au Titl | plete performance of my anthority to manage is/are: | duties, and I am familia |
| The name, title or Title or Capacity Member/ Manage | capacity ar | or position as registered agent. (Registered agent and address of the person(s) when Name and Address: 465 Brickell Ave Apt 430 Miami, FL 33131 | ent's signature) o has/have au Titl | plete performance of my anthority to manage is/are: | duties, and I am familia |
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STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Orange Sun Media LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 23, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000702456**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of April, 2018 at 11:07 AM. This certificate is assigned 026266932.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.