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PICK-UP WAIT MAIL

(Business Entity Name)

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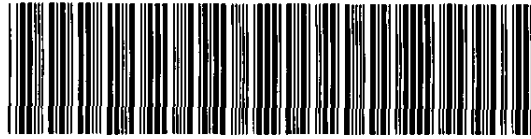
Certified Copies _____ Certificates of Status _____

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EXAMINER



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09/27/12--01001--005 **1052.50

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09/27/12 01:33
FILING OFFICE
MILWAUKEE, WISCONSIN

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 27 PM 1:03



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2012

FLORIDA FILING & SEARCH

TALLAHASSEE, FL

SUBJECT: ESCALATE MEDIA, L.P.
Ref. Number: W12000049664

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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10 APPROXIMATE
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PH 1:03

We have received your document for ESCALATE MEDIA, L.P. and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Before ESCALATE MEDIA, L.P. can be filed in Florida, its general partner -- ESCALATE MANAGEMENT, LLC -- must register as a Foreign Limited Liability Company in Florida.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 712A00024114

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 09-26-2012

NAME: ESCALATE MEDIA LP

**TYPE OF FILING: APPLICATION BY FOREIGN LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

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SECTION 609.01
12 SEP 27 PM 1:03
TALLAHASSEE, FLORIDA

COST: CK FOR \$1,052.50 ATTACHED

RETURN: CERTIFIED COPY

ACCOUNT: ECA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESCALATE MEDIA, L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Capitol Services - Corporate Filings Team
Contact Person

Capitol Services, Inc.
Firm/Company

800 Brazos, Suite 400
Address

Austin, TX 78701
City, State and Zip Code

lee@escalatemedias.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (800) 345-4647
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
 \$1,008.75 Filing Fees and Certificate of Status
 \$1,052.50 Filing Fees and Certified Copy
 \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RECEIVED
DIVISION OF CORPORATIONS
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Escalate Media, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Texas

State or Country of Formation

3. 07/19/2006

Date of Formation

4. Federal Employer Identification Number: _____

5. Name of Registered Agent for Service of Process and Florida Street Address:

Capitol Corporate Services, Inc.

155 Office Plaza Dr Ste A

Tallahassee FL 32301

12 SEP 27 PM 1:03
SECRETARY OF REVENUE
DIVISION OF CORPORATIONS

6. 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.

Gayle Windle

Signature of Registered Agent

Gayle Windle, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

7. Principal Office:

207 County Road 6401

Dayton, Texas 77535

8. Mailing Address:

9. If limited partnership is a limited liability limited partnership, check box

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Escalate Management, LLC Name of General Partner: _____

Street Address: 281 VZCR 3418 Street Address: _____

Wills Point, Texas 75169

Mailing Address: _____ Mailing Address: _____

M 2000065426

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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

Signed this 20th day of September, 2012

Escalate Management, LLC by [Signature], Member
Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Hope Andrade
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Escalate Media, L.P. (file number 800682876), a Domestic Limited Partnership (LP), was filed in this office on July 19, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 24, 2012.



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State