Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000219660 3)))



H210002196603ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	_	
п	_	
		-

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. NAP TIME MEDIA LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Flaving 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 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-	
rue name and address of each person a	authorized to manage and control the Limited Liubility Company:
Title:	Name and the action the Limited Liubility Company:
"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	
, — ——	JOSEPH PRIETO 520 NW 104TH ST
•	MIAMI. FLORIDA 33150
a:	
(Use attachment if necessary)	
Note: If the date inserted in at it	of filing: JUNE 02, 2021 (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after set the applicable statutory filing requirements, this date will not be listed as f State's records.
the document's effective date on the Department of	f State's records.
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	
X Who	
Signature of a mem	hor or or or or
This document is executed	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the December.
constitutes a third degree fe	formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.
	OSEHP PRIETO
	yped or printed name of signee