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SECONDASSEE FLORIDA

Marjorlay



#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Me & The Wife Productions, LLC
(Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Aureliano Sanchez-Arango
(Name of Person)
Me & The Wife Productions, LLC
(Firm/Company)
9334 Cardinal Cove Circle
(Address)
Sanford, Florida 32771
(City/State and Zip Code)
For further information concerning this matter, please call:
Aureliano Sanchez-Arango at (*407 ) 302-2848
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations409 E. Gaines StreetP.O. Box 6327Tallahassee, Florida 32399Tallahassee, Florida 32314
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee

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

IN COMPHANCE 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:

I. Me & The Wife Productions, LL		<del></del>	195.75	<u>-</u>	· · · · · · · · · · · · · · · · · · ·	
	Name of Foreign Limited	1 1,18		. 70.		
2. Virginia		3.	(FEI number	t56		
(Jurisdiction under the law of whice company is organized)	h foreign limited hability		( FEI numbe	r, if applicat	ole)	
4. September 5, 2003	• • • • • • •	5.	Perpetual			
(Date of Organization	on)	*	(Duration: Year limited lexist or "perpetual")	iability comp	ouny will cease to	
6. N/A					E S	71
(Date fir. (See section	st transacted business in F ons 608.501 & 608.502 F.	lori S. te	da, if prior to registration.) o determine penalty liability	()	2%	三
7. 9334 Cardinal Cove Circle						ED
Sanford, Florida 32771	•				- Con F	•
	(Street Addres	ss of	Principal Office)	<u></u>	gr (	ň
8. If limited liability company	is a managar managa	يہ آئہ،	ammana, ahaali hara [7	ī	_	
8. If ininted hability company	is a manager-manage	u C	ompany, check here v	1	•	:=
9. The name and usual busines	s addresses of the ma	mag	ing members or manag	gers are as	follows:	
Aureliano Sanchez-Arango, 9	334 Cardinal Cove Circ	ile, S	Sanford, FL 32771			- a :
Donna Sanchez-Arango, 9334	Cardinal Cove Circle	Sar	nford Florida 32771	-		
			TOTAL DELTA	<del></del>	<del> </del>	erak comment
10. Attached is an original certificate of the jurisdiction under the law of which translation of the certificate under oath	it is organized. (A photoco	oby i	s not acceptable. If the certifi			ords in
11. Nature of business or purpo	oses to be conducted	or p	romoted in Florida: V	ideo and mo	otion picture	· • •
production and post production	production services, a	all of	her lawful business purs	uant to FL la	aw.	
(In accordar an affirmat	nce with section 608,408(3), ion under the penalties of pe	F.S. rjury	orized representative of the execution of this docume that the facts stated herein and	nt constitutes	r.	
Aureliano	Sanchez-Arango, man				<u>.</u>	
	Typed or printe	ed n	ame of signee			

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 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:

		nt and office are:	TAL Sign	40	
	Aureliano Sanchez-Arango			8	<u> </u>
	(Name)		- + BS 7.	28	
	9334 Cardinal Cove Circle	(表生成期)医疗设备产品(生	en. Por	7	<u></u>
·	Florida Street Address (P.O. Box NOT AC		OZ P	∓: ω	-
	Sanford Fi 32771		A	ű	

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.

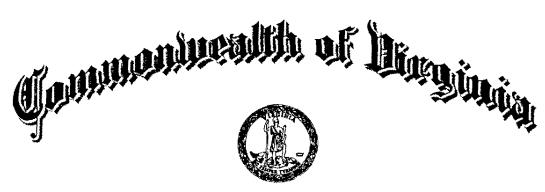
stanaque mules.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



### STATE CORPORATION COMMISSION

Richmond, October 22, 2004

FILED

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SECRETARIASSEE, FLORIDA

TALLANASSEE, FLORIDA

This is to certify that the certificate of organization of

#### ME & THE WIFE PRODUCTIONS, LLC

was issued and admitted to record in this office and that the said limited liability company is authorized to transact its business subject to all Virginia laws applicable to the company and its business. Effective date: September 5, 2003



State Corporation Commission Attest:

Clerk of the Commission