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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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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Metropol | is Films LLC me of Limited Liability Company) |
| (Na | me of Limited Liability Company) |
| | imited Liability Company for Authorization to Transact Business in neck are submitted to register the above referenced foreign limited Florida |
| Please return all correspondence concern | ning this matter to the following: |
| Wi | lliam Bonfanti (Name of Person) |
| | |
| Metrope | (Firm/Company) |
| | (Firm/Company) |
| | (Firm/Company) FILED So Biscayne Blud, Stc. 527 (Address) FILED H. Miami, FL 33181 |
| 125 | (Address) Stc. 527 SSS P E |
| | (Address) |
| | 7100 8: |
| Α. | 1. Miami, FL 33181 Pm 29 |
| | Miami FL 33181 曼州 3 (City/State and Zip Code) |
| For further information concerning this r | natter, please call: |
| Notifican Book - + | *(\$ (*) 2 2 0 1 (*) 1 |
| (Name of Person) | at (860) 227-4076 (Area Code & Daytime Telephone Number) |
| STREET ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| 409 E. Gaines Street | P.O. Box 6327 |
| Tallahassee, Florida 32399 | Tallahassee, Florida 32314 |
| Enclosed is a check for the following am | ount: |
| □ \$125.00 Filing Fee □ \$130.00 Fi | iling Fee & \$\square\$\$155.00 Filing Fee & \$\square\$\$\$160.00 Filing Fee, Certificate certificate of Status & Certified Copy |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 1, 2005

WILLIAM BONFANTI METROPOLIS FILMS LLC 12550 BISCAYNE BLVD, STE 527 N MIAMI, FL 33181

SUBJECT: METROPOLIS FILMS LLC

Ref. Number: W05000016690

We have received your document for METROPOLIS FILMS LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody and the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 205A00022404

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

| | MCTO DANIE THE COLOR |
|-----|--|
| | METROPOLIS FILMS, LUC (Name of Foreign Limited Liability Company) |
| | |
| (T | Boston in Ass. 3. 20228277+ sdiction under the law of which foreign limited liability (FEI number, if applicable) |
| om | pany is organized) |
| | 2.1. 201 |
| | 3 · 6 · 2 00 \(\) |
| | exist or "perpetual") |
| | |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| | (See sections 608.301 & 608.302 F.S. to determine penalty habitity) |
| | 12550 BISCAYNE BLVd Ste. 527 -100 0 |
| | No Miami, FL 33181 |
| | No. Miami, FL 33181 上声 3 (Street Address of Principal Office) 日 日 2 日 |
| | |
| Ifl | imited liability company is a manager-managed company, check here |
| | |
| Th | e name and usual business addresses of the managing members or managers are as follows: |
| | |
| | Adam Bonfanti 40 Pompmo Rd, N. Eastham, HA 02651 |
| | \cdot |
| | William Bonfanti, 1 Maple St., Chester CT 06412 |
| | Madeleine A Winans, 1 Maple St. Chester CT 06412 |
| _ | Tradelethe A Winans I raple of Chester CI 06-112 |
| ΔĦ | ached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record |
| | diction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a |
| _ | on of the certificate under eath of the translator must be submitted.) |
| | |
| . N | ature of business or purposes to be conducted or promoted in Florida: |
| | |
| | motion picture production. |
| | motion picture production. |
| | Signature of a market market in the same of a market i |
| | Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes |
| | in accordance with section doctocoly, 1.5., the execution of this document constitutes |
| | an affirmation under the penalties of perjury that the facts stated herein are true.) |
| | an affirmation under the penalties of perjury that the facts stated herein are true.) Adam Bonfanti |

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: | |
|--|--|
| METROPOLIS FILMS LLC | |
| 2. The name and the Florida street address of the registere | ed agent and office are: |
| | iti BE S |
| 12550 BISCAYNE BU Florida Street Address (P.O. Box N | LVD 3+e 527 NOT ACCEPTABLE) |
| North Miami FL City/State/Zi | IV @ |
| Having been named as registered agent and to accept service liability company at the place designated in this certificate, lagent and agree to act in this capacity. I further agree to correlating to the proper and complete performance of my dutie obligations of my position as registered agent as provided fo | ce of process for the above stated limited I hereby accept the appointment as registered Imply with the provisions of all statutes I and I am familiar with and accept the |
| (Signature) | · · · · · · · · · · · · · · · · · · · |

| \$ 1 | 100.00 | Filing Fee for Application |
|-------------|--------|----------------------------------|
| \$ | 25.00 | Designation of Registered Agent |
| \$ | 30.00 | Certified Copy (optional) |
| \$ | 5.00 | Certificate of Status (optional) |



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

William Francis Galvin Secretary of the Commonwealth

April 25, 2005

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

METROPOLIS FILMS, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on March 4, 2005.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: ADAM BONFANTI

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: ADAM BONFANTI, MADELEINE A. WINANS

The names of all persons authorized to act with respect to real property listed in the most recent filing are: WILLIAM BONFANTI



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth