# M0700000641

| (Requestor's Name)   |  |
|--|--|
| (Address)  |  |
| (Address)  |  |
| (City/State/Zip/Phone #)                                   |  |
| PICK-UP WAIT MAIL  |  |
| (Business Entity Name)                                     |  |
|  |  |
| (Document Number)  Certified Copies Certificates of Status |  |
| Special Instructions to Filing Officer:                    |  |
|  |  |

Office Use Only



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DEPARTMENT OF STATES

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O7FEB-1 PM 1:54 SECRETARY OF STATE TALLAHASSEE, FLOORIE



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

February 1, 2007

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 OTFEB-1 PH 1:54

Re: Order #: 6841922 SO

Customer Reference 1: None Given

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Registration Florida

Cert Copy of Application for Authority-Foreign Florida

HTV\_LLC (DE) Certificate of Status Domestic Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.



850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

Hohley A. Matchell

Ashley A Mitchell Fulfillment Specialist Ashley.Mitchell@wolterskluwer.com

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

|       | COMPLIANCE WITH SECTION 608.503, FLORID.<br>ITED LIABILITY COMPANY TO TRANSACT BUSINE   |                                   |   | TO REGISTER A F                         | OREIGN                     |  |
|-------|---|-----------------------------------|---|---|----------------------------|--|
| 2,000 |   |                                   | 112 02 1 201201   | 型                                       | ~                          |  |
| 1     | (Name of Foreign  | HTV, LLC                          | 39 C  | - CS - CS                               |                            |  |
|       | (Name of Poreign  | n Limited Liat                    | omty Company)   | 芸堂し                                     |                            |  |
| 2     | DELAWARE  | 3.                                | 65-0939872  | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | $^{-}$ $\omega_{I}$        |  |
| 6     | Jurisdiction under the law of which foreign limited ompany is organized)  | d liability                       | (FEI number, if appli   | cable)                                  | 0                          |  |
| 4.    | MARCH 4, 1999   | 5.                                | DECEMBER 31, 2049   | 0/2                                     | 5                          |  |
|       | (Date of Organization)  | _ , ,                             | (Duration: Year limited liability co<br>exist or "perpetual") | mpany will cesse to                     |                            |  |
| б.    | UPON F  | FILING                            |   | •                                       |                            |  |
| υ.    | (Date first transacted bus<br>(See sections 608.501 & 6   | iness in Florid<br>08,502 F.S. to | a, if prior to registration.)<br>determine penalty liability) | <del> </del>                            | iks in -                   |  |
| 7.    | 1550 BISCA  | AYNE BOULI                        | EVARD   | *                                       | - companies                |  |
|       | MIAMI E   | ORIDA 33132                       | •   | · <u>.</u>                              |                            |  |
|       |   |                                   | Principal Office)   |   |                            |  |
|       | •   |                                   | _   |   |                            |  |
|       | If limited liability company is a manager-  | <del>-</del>                      |   |   |                            |  |
| 9.    | The name and usual business addresses of  | f the manag                       | ing members or managers are                                   | as follows:                             |                            |  |
|       | CLAXS   | SON USA II, I                     | NC.   |   |                            |  |
|       | 1550 BISCAYNE BOULEVARD   |                                   |   |   |                            |  |
|       | MIAMI   | . — .<br>I, FLORIDA 3             | 3132  | Fig.                                    |                            |  |
|       | <del>,,</del>   |                                   |   |   |                            |  |
| cus   | Attached is an original certificate of existence tody of records in the jurisdiction under the law n a foreign language, a translation of the c | w of which it                     | is organized. (A photocopy is no                              | t acceptable. If the                    |                            |  |
| 11.   | Nature of business or purposes to be con  | ducted or p                       | romoted in Florida: ADMINIST                                  | RATIVE OFFICES                          |                            |  |
|       |   | 1                                 |   |   |                            |  |
| ,     |   | that                              | Aus   | -                                       | <del>त्र</del> ् <u>चै</u> |  |
|       | Signature of a membe  | AND A A                           | orized representative of a mem                                | <del></del><br>iber.                    | *                          |  |
|       | (In accordance with section 6   | 08.408(3), F.S.)                  | the execution of this document constitu                       | tes                                     |                            |  |
|       | -   |                                   | that the facts stated herein are true.)                       |   |                            |  |
|       | CLAXSON USA II, INC.  |                                   | ame of stonee   | <del></del> ,                           | •                          |  |
|       | I Vnen  | or montea N                       | ALDE OF STUDIES   |   |                            |  |

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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.

| -             | of the Limited Liability Company is:  HTV, LLC                        |             |
|---------------|---|-------------|
| 2. The name a | nd the Florida street address of the registered agent and office are: | . 24        |
|               | C T Corporation System  |             |
|               | (Name)  | - J         |
|               | 1200 South Pine Island Road   |             |
|               | Florida Street Address (P.O. Box NOT ACCEPTABLE)                      |             |
|               | Plantation, Florida 33324   |             |
|               | City/State/Zip  | <u> و څ</u> |

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.

By: CT Corporation System
(Signature)

Anthony LiCausi Vice President

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HTV, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

30132**4**3 8300 070108**4**37 Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 5398204

DATE: 01-31-07