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SECRETARY OF STAIL

#### **COVER LETTER**

TO: Registration Section Division of Corporations						
•						
SUBJECT:		ATIVE FOCUS LLC				
	(Name of Limited	Liability Company)				
Florida," Cer		bility Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited				
Please return	all correspondence concerning this m	natter to the following:				
	CHRISTIN	E E FRIES, CPA				
	(Nar	ne of Person)				
	(Fire	m/Company)				
	4151 SW	SUNDOWN LANE				
	(Address)					
	PAI.M C1	ጉጥሃ ድፕ. 3499በ				
	PALM CITY, FL 34990 (City/State and Zip Code)					
For further in	nformation concerning this matter, ple	ase call:				
	CHRSITINE E FRIES, CPA	at 772-463-4835				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
MAII	LING ADDRESS:	STREET ADDRESS:				
	ion of Corporations	Division of Corporations				
	3ox 6327	Clifton Building				
Tallah	nassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				
	check for the following amount: 5.00 Filing Fee  \$\square\$ \$130.00 Filing Fee & Certificate of	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy				

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

1	ALTERNA						
	(Name of Foreign Lim	ited Liability	Company)				
2	DELAWARE	3		26-032	26872		
(	Jurisdiction under the law of which foreign limited liability company is organized)		( FEI num	ber, if appl	icable)		
4	06/11/2007	5.	on: Year limite	PERPE	TUAL		
	(Date of Organization)	(Duration exist or	on: Year limite "perpetual")	d liability co	ompany will co	ease to	
5		N/A		_			
_	(Date first transacted business in (See sections 608.501 & 608.502	n Florida, if F.S. to deter	prior to registra mine penalty li	ation.) iability)			
'. <u>-</u>	1400 SW CHAPMAN WAY, SUITE C		-				
_	PALM CITY, FL 34990					07	S S
	(Street Address o	f Principal C	office)			JU	SC:
3. I:	f limited liability company is a manager-managed	company.	check here			91 JNF	RET.
	•						
Э. Т	he name and usual business addresses of the man	aging men	nbers or man	agers are	as follows:	AH   : 0	유무 유무
	PHILIP BROWN, 83 STURGES HIGHWAY,	WESTE	ጎይጥ ሮጥ (	าสมมา		<del> </del> :0	至至
-	THE SHOWN, 65 STOROLD HIGHWAY	, VILISITY	ONI, CI (	30000		<del></del>	S.
-							
-							
0. <i>A</i>	attached is an original certificate of existence, no more than 9	0 days old, d	luly authenticat	ed by the of	ficial having c	ıstody	of records ir
ne ji	urisdiction under the law of which it is organized. (A pho	otocopy is n	ot acceptable.	If the certif	icate is in a fo	reign	language, a
ans	lation of the certificate under oath of the translator mus	t be submit	ted.)				
1.1	Nature of business or purposes to be conducted or	promoted	in Florida:	MEDIA A	ADVERTIS	ING	
-, -	The second of th	promoteu					
_				<del></del>	· · · · · · · · · · · · · · · · · · ·		
	* And Be						
	Signature of a member or an au (In accordance with section 608.408(3), an affirmation under the penalties of	F.S., the exec	ution of this doc	ument constit	tutes		
	PHIL	IP BROW	Ŋ				
	Typed or prin	ted name	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 t	he Limited Liability Company	/ is:			
ALTERNATIVE	FOCUS LLC		** · · · · · · · · · · · · · · · · · ·		
2. The name and	the Florida street address of t	he registered a	gent and office are:		
			•		
	BILI	LY MCENTEE			므
		(Name)		7 JUL	SECRE
	1400 SW CHAPMAN WAY, SUITE C			5	워토
Florida Street Address (P.O. Box NOT ACCEPTABLE)				_ =	CORPORATION OF A DE STA
	PALM CITY	FL	34990	_ 60 :	
City/State/Zip					SE S

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.

\* Bily Zet (Signature)

\$ 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 "ALTERNATIVE FOCUS 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 FIFTH DAY OF JULY, A.D. 2007.



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 5818788

DATE: 07-05-07

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