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DIVISION OF CORPORATION

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#### **COVER LETTER**

_	stration Section sion of Corporations		
SUBJECT:	Sight Hound Productions, L (Name of Limit	LC ted Liability Company)	
Florida," Cer		bility Company for Authorization to Transact bmitted to register the above referenced fore	
Please return	all correspondence concerning this m	atter to the following:	
	Alan Boens		
	(Nat	me of Person)	_
	(P:		- <u> </u>
	(rin	m/Company)	visio
	974 NW 126th Ave		NOF FI
	(	(Address)	SECRETARY OF STATE IN SECRETARY OF STATE OF STAT
	Coral Springs, FL 33071		11:36 11:36
	(City/Sta	ate and Zip Code)	a ts
For further in	nformation concerning this matter, plea	ase call;	
Alar	n Boens	_at ( 954 ) 829.3211	
	(Name of Person)	(Area Code & Daytime Telephone Num	ber)
MAI	LING ADDRESS:	STREET ADDRESS:	
	sion of Corporations	Division of Corporations	
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Center Circle	
1 37114		Tallahassee, FL 32301	
	a check for the following amount: 25.00 Filing Fee \$\Bigcup \frac{1}{30.00}\$ Filing Fee & Certificate of	\$155.00 Filing Fee & \$160.00 Filing Fee, Status Certified Copy of Status &	Certificate & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

1. Sight Hound Productions, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the write consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")	iten
State of Delaware	
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)	
4. 11/26/07 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
<sub>6.</sub> 11/26/07	
(Date first transacted business in Florida, if prior to registration)	
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 974 NW 126th Ave  Coral Springs, FL 33071	
Coral Springs, FL 33071	1 = n
(Street Address of Principal Office)	ä
(Street Address of Principal Office)  8. If limited liability company is a manager-managed company, check here	) 1
9. The name and usual business addresses of the managing members or managers are as follows:	
Alan Boens - 974 NW 126th Ave., Coral Springs, FL 33071	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	sin
11. Nature of business or purposes to be conducted or promoted in Florida:	
writing services and film productor	
STACKS	
Signature of a member an authorized representative of a member.	
(In accordance with section 608 108(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
Alan Boens	

Typed or printed 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 the Limited Liability Company is:	
Sight Hound Productions, LLC	**************************************
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	OT D
Alan Boens	5 器
(Name)	<del>ن</del>
974 NW 126th Ave  Florida Street Address (P.O. Box NOT ACCEPTABLE)	OT DEC 13 AM 11: 38
Coral Springs, 33071 FL City/State/Zip	<b>8</b> 35
Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of a relating to the proper and complete performance of my duties, and I am familiar with analytications of my position as registered agent as provided for in Chapter 608, Florida Staling to the proper and complete performance of my duties, and I am familiar with analytications of my position as registered agent as provided for in Chapter 608, Florida Staling to the proper and complete performance of my duties, and I am familiar with analytications of my position as registered agent as provided for in Chapter 608, Florida Staling to the proper and complete performance of my duties, and I am familiar with analytications of my position as registered agent as provided for in Chapter 608, Florida Staling to the proper and complete performance of my duties, and I am familiar with analytication as registered agent as provided for in Chapter 608, Florida Staling to the proper and complete performance of my duties, and I am familiar with analytication as the proper and complete performance of my duties, and I am familiar with analytic performance of my duties, and I am familiar with analytic performance of my duties, and I am familiar with analytic performance of my duties, and I am familiar with analytic performance of my duties, and I am familiar with analytic performance of my duties, and I am familiar with analytic performance of my duties, and I am familiar with analytic performance of my duties, and I am familiar with analytic performance of my duties, and I am familiar with analytic performance of my duties, and I am familiar with analytic performance of my duties, and I am familiar with analytic performance of my duties, and I am familiar with analytic performance of my duties, and I am familiar with analytic performance of my duties, and I am fa	ent as registered ll statutes l accept the

Filing Fee for Application

**Certified Copy (optional)** 

Designation of Registered Agent

**Certificate of Status (optional)** 

\$ 100.00

\$ 25.00

\$ 30.00

5.00

PAGE 1

# Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIGHT HOUND PRODUCTIONS, 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 DECEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIGHT HOUND PRODUCTIONS, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2007.

SECRETARY OF STATE DIVISION OF CORPORATIONS

07 DFC 13 AMII: 38



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Warriet Smith Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6211893

DATE: 12-05-07