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T. CLINE
APR 17 2008
EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

Dug Madia III	C	
SUBJECT: Pug Media LL (Name of	Limited Liability Company)	-
The enclosed "Application by Foreign Limited Florida," Certificate of Existence, and check a liability company to transact business in Florida.	d Liability Company for Authorization to True submitted to register the above reference	
Please return all correspondence concerning the	his matter to the following:	
David Abraham	·	
	(Name of Person)	
Pug Media LLC		
	(Firm/Company)	
10517 Greensprings Dr	· · · · · · · · · · · · · · · · · · ·	
	(Address)	
Tampa, FI 33626		2001 TALL
(Cit	ty/State and Zip Code)	CRE APP
For further information concerning this matter	r, please call:	2008 APR 16 1 SECRETARY O
David Abraham	at (813) 5044741	ES I
(Name of Person)	(Area Code & Daytime Telephone	Number) ::
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\sum_\$125.00 \text{ Filing Fee} \sum_\$130.00 \text{ Filing Fe} \text{ Certification}	ee & 🔲 \$155.00 Filing Fee & 🗹 \$160.00 Filin	ng Fee, Certificate Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C.," "LLC.")
2. Je was C. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4. Symplectical (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/a
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 5823 Baven Daniel Dr #601
Tampa f 33616 (Street Address of Principal Office)
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows 5.
David Abraham 33 3 1
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
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 eath of the translator must be submitted.)
·
11. Nature of business or purposes to be conducted or promoted in Florida: Internet Media
Signature of a prember or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)
Land Albraham
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	d Liability Company is:	
	Pug Media LLC	
If name unavailable, the all	ternate name to be used in the state of Florida is:	
Λ,	da street address of the registered agent and office are:	
	(Name)	
	ampa, F1 33616	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	FL City/State/Tim	
	City/State/Zip	
liability company at the plac agent and agree to act in the relating to the proper and co	stered agent and to accept service of process for the above stated littled be designated in this certificate, I hereby accept the appointment as registered is capacity. I further agree to comply with the provisions of all statutes omplete performance of my duties, and I am familiar with and accept the special registered agent as provided for in Chapter 608, Florida Statutes of the statutes of th	
Having been named as regis liability company at the place agent and agree to act in the relating to the proper and coobligations of my position a	Name) (Name) (Name) (Name) Florida Street Address (P.O. Box NOT ACCEPTABLE) FL City/State/Zip Stered agent and to accept service of process for the above stated litting description in this certificate, I hereby accept the appointment as registered is capacity. I further agree to comply with the provisions of all statutes of the property of the agent and acceptable is registered agent as provided for in Chapter 608, Florida Statutes of the provisions of all statutes of th	

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PUG MEDIA 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 SECOND DAY OF APRIL, A.D. 2008.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PUG MEDIA LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2007.



Harrlet Smith Windsor, Secretary of State

AUTHENTICATION: 6495277

DATE: 04-02-08

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