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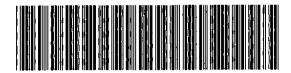
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Special Instructions to	Filing Officer:	

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EXAMINER



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CRETARY OF STATE

SPIEGEL & UTRERA, P.A. (Requestor's Name)

1840 SOUTHWEST 22ND STREET, 4TH FLOOR

MIAMI, FL 33145 - (305) 854-6000

OFFICE USE ONLY

CORPORATION NAME(S) &	DOCUMENT	NUMBER(S)	(if known)):
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(Corporation Name)	Sundance Networks (Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
☐ Walk-In ☐ Pick up	time ASA Certified Copy
Mail out Will w	
W FILINGS	AMENDMENTS
rofit	Amendment
onProfit	Resignation of R.A., Officer/Director
imited Liability	Change of Registered Agent
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ER FILINGS	REGISTRATION/ QUALIFICATION
nnual Report	Foreign
ictitious Name	Limited Partnership
ame Reservation	Reinstatement
	Trademark

Examiner's Initials

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 BUSINESS IN THE STATE OF FLORIDA:

	LIG	bility Company)	
DELAWARE	3.	26-2895150	
Jurisdiction under the law of which foreign limited liability ompany is organized)		(FEI number, if applicable)	_
02/29/2008	5.		
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	_
UPON FILING			
(Date first transacted business in I (Sce sections 608.501 & 608.502 F.	lori S. te	da, if prior to registration.) o determine penalty liability)	-
2016 Viburnum Lane		7AE 08	
Asheville, North Carolina 28803		ECRE LAP	-
(Street Addres	s of	Principal Office)	
If limited liability company is a manager-manage	d c	ompany check here	
in minica hadinty company is a manager-manage	ia c		1
The name and usual business addresses of the ma	ınag		
Christopher Berloni - 2016 Viburnum Lane, Asheville	Nr	orth Carolina 28803	
Christopher Benefit 2010 Vibarian Earle, Asheville	, , , , ,	7.1.1 Octobrilla 20000	-
			_
			-
Attached is an original certificate of existence, no more than 9	0 da	ys old, duly authenticated by the official having custody of re	_
urisdiction under the law of which it is organized. (A photoco	ру і	is not acceptable. If the certificate is in a foreign language, a	-00
urisdiction under the law of which it is organized. (A photoco	ру і	is not acceptable. If the certificate is in a foreign language, a	-
urisdiction under the law of which it is organized. (A photocostation of the certificate under oath of the translator must be su	opy i bmi	is not acceptable. If the certificate is in a foreign language, a tted.)	_ 00
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Signature of a member or an a	opy i brain or p der t	is not acceptable. If the certificate is in a foreign language, a sted.) promoted in Florida: Affiliate Network - Internet the laws of the State of Florida and the United States arrived representative of a member.	_
jurisdiction under the law of which it is organized. (A photocostation of the certificate under oath of the translator must be sure Nature of business or purposes to be conducted Business, and any other lawful activities permitted under the sure of a member or an a	opy in brain or produced the second terms of t	is not acceptable. If the certificate is in a foreign language, a sted.) promoted in Florida: Affiliate Network - Internet the laws of the State of Florida and the United States Corized representative of a member. the execution of this document constitutes	_

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.

The name	and the Florida street a	ddress of the registered agent and office are	re:
	SPIEGEL & UTRERA	, P.A.	
		(Name)	
	1840 SW 22nd Street	, 4th Floor	
	Florida St	reet Address (P.O. Box NOT ACCEPTABLE)	
	Miami	FL 33145	
		City/State/Zip	

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.

NATALIA UTRERA, 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

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNDANCE NETWORKS, 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 NINTH DAY OF JULY, A.D. 2008.

4512266 8300

080768344

You may verify this certificate online

Varnet Smith Mindson

Harriet Smith Windsor, Secretary of State

ENTICATION: 6716945

DATE: 07-09-08