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Division of Corporations

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#### LORIDA/FOREIGN LIMITED LIABILITY CO.

#### Dolphin Films Manager, LLC

Certificate of Status	0
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D. BRUCE

AUG 25 2008

**EXAMINER** 

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. Dolphin Films Manager, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (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. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) <u>August 13, 2008</u> (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first trunsacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) c/o Dolphin Entertainment, Inc., 804 Douglas Road, Executive Tower Building, Suite 365, Coral Gabies, FL 33134 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: William O'Dowd, IV c/o Dolphin Entertainment, Inc., 804 Douglas Road, Executive Tower Building, Suite 365, Coral Gables, Pt. 33134 10. Attached is an original certificate of existency, 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 fineign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of husiness or purposes to be conducted or promoted in Florids: Organized to act as manager of various limited liability companies. Signature of a member or an authorized representative of a member. (in accordance with section 608.408(3), F.S., the execution of this document constitutes an offirmation under the ponalties of perjury that the facts stated herein are true.)

William O'Dowd, IV

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.

imited Liability Company	is:	•	
LLC			······································
the alternate name to be us	ed in the state of	Florida is:	•
Florida street address of th	ne registered agen	at and office are:	08 TAL
C T Corporation System			- LAND SAUG
(Name)			16 22 16 22 11 ASS
1200 South Pine Island Road			744
Florida Street Address (P.O. Box NOT ACCEPTABLE)		M 12:	
Plantation	\ <del>2</del> Y	33324	PM 12: 59  OF STATE E. FLORIDA
			- Þ
ie place designated in this of tin this capacity. I further and complete performance atton as registered agent as corporation System  That  (Signature)	errificate, I hereb, agree to comply won of my duties, and provided for in Cl CI HOUCK STANT SECRETAR:	y accept the appoin eith the provisions of I am familiar with hapter 608, Florida	nment as registered of all statutes and accept the
	Florida street address of the CT Corporation System  CPECIAL ASSITEMENT OF THE CONTROL OF THE CO	CT Corporation System  (Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT Acc  Plantation  FL  City/State/Zip  Is registered agent and to accept service of proceedings and it in this capacity. I further agree to comply we and complete performance of my duties, and ition as registered agent as provided for in City Corporation System  TRACI HOUCK  GPECIAL ASSISTANT SECRETARY  (Signature)	the alternate name to be used in the state of Florida is:  Florida street address of the registered agent and office are:  C T Corporation System  (Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation  FL  City/State/Zip  Is registered agent and to accept service of process for the above the place designated in this certificate, I hereby accept the appoint and complete performance of my duties, and I am familiar with a ition as registered agent as provided for in Chapter 608, Florida corporation System  TRACI HOUCK  PECIAL ASSISTANT SECRETAR:  (Signature)

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

# Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOLPHIN FILMS MANAGER, 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 TWENTY-FIRST DAY OF AUGUST, A.D. 2008.

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

080893056

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6807205

DATE: 08-21-08