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G. MCLEOD

OCT 13 2008

EXAMINER

33641

ÇOVER LETTER

Division of Corporations	•
SUBJECT: THE work dop (Name of Limited Liab)	lity Company)
(Name of Limited Liab	nty Company)
The enclosed "Application by Foreign Limited Liability Co Florida," Certificate of Existence, and check are submitted t liability company to transact business in Florida	• •
Please return all correspondence concerning this matter to the	ne following:
Gregory Schwartz SCHWARTZ ZUESEN (Name of Pe	
SCHWANT 2 ZWESEN (Name of Pe	rson) .
3874 SLERIOAN S (Firm/Compa	5+
(Firm/Compa	any)
(Address	<u> </u>
Holly wood, Fr 33021	,
(City/State and Z	p Code)
For further information concerning this matter, please call:	
(Name of Person) at (Same of Person)	a Code & Daytime Telephone Number)
MAILING ADDRESS: STREI	ET ADDRESS:
* · · · · · · · · · · · · · · · · · · ·	n of Corporations Building
Tallahassee, FL 32314 2661 E	xecutive Center Circle ssee, FL 32301
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\sum \$130.00 Filing Fee & \$\sum \$155\$ Certificate of Status	.00 Filing Fee & \$\Bigs\sum \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

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

C.

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: WORKSHOP 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.") MANACR (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 5. Couration: Year limited liability company will cease to (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 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: Jourdan Binder - 846 Lincoln Road of Fir Mar Bal Fr. 33135

Jarrett Mc Govern - 14. E. 60th St #606, NY, NY 10022

Edwan thank - 143 m-1 borry St #24 NY, NY 10013

Jenster Styles - 342 So-th Hows En Ft 432, Los Angels, CA 90036

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 invision under the law of which it is prescribed. (A photosomy is not acceptable.) (The certificate in a familiar law one of the invision under the law of which it is prescribed.) 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.) 11. Nature of business or purposes to be conducted or promoted in Florida:

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 affirmation under the penalties of perjury that the facts stated herein are true)

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.

	of the Limited Liability Company is:	
If name unavai	ilable, the alternate name to be used in the state of Florida is:	
2. The name an	and the Florida street address of the registered agent and office are:	
	Name) Sherioan St Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Hollywas FL 33 = 2 (City/State/Zip	

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.

(Signature)

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\$ 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 "THE WORKSHOP 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 OCTOBER, A.D. 2008.

4595631 8300

080986376

You may verify this certificate online at corp.delaware.gov/authver.shtml

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6889864

DATE: 10-02-08