

MO8000005/00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

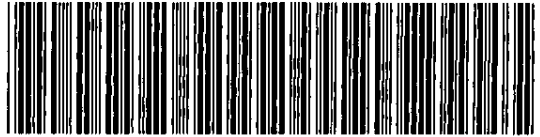
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**A. LUNT**

NOV 19 2008

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 NOV 18 PM 4:51

**FILED**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PICTURE PROJECT MEDIA LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

MITCHELL COHEN  
(Name of Person)

PICTURE PROJECT MEDIA LLC  
(Firm/Company)

C/O BP PROFESSIONALS, LLP 17 CONKLIN ST, STE 3  
(Address)

FARMINGDALE, NY 11735  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

SUSAN MUI at ( 516 ) 420-0188  
(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:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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

1. **PICTURE PROJECT MEDIA 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. **DELAWARE**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **26-3506200**

(FEI number, if applicable)

4. **SEPT. 22, 2008**

(Date of Organization)

5. **PERPETUAL**

(Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **1938 NE 149TH ST**

**NORTH MIAMI, FL 33181**

(Street Address of Principal Office)

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:

**MITCHELL COHEN 1938 NE 149TH ST, N MIAMI, FL 33181**

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 oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: **TRANSFERRING**

**VIDEO MEDIA TO DIGITAL MEDIA**

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.)

**Francis A. Bianculli CPA**

Typed or printed name of signee

**FILED**  
**2008 NOV 18 PM 4:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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:

PICTURE PROJECT MEDIA 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:

NRAI SERVICES INC

(Name)

2731 EXECUTIVE PARK DRIVE, SUITE 4

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

WESTON

FL

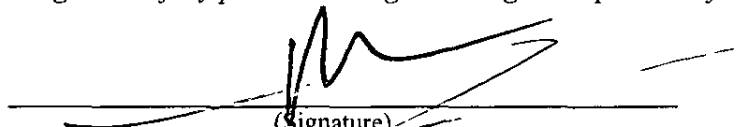
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City/State/Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# Delaware

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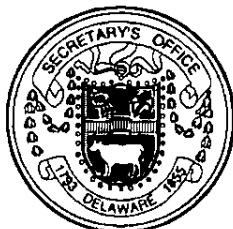
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "PICTURE PROJECT MEDIA LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2008, AT 2:15 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "PICTURE PROJECT MEDIA LLC".



4603875 8100H

081108658

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6962911

DATE: 11-12-08

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 02:15 PM 09/23/2008  
FILED 02:15 PM 09/23/2008  
SRV 080978259 - 4603875 FILE

**CERTIFICATE OF FORMATION**  
**OF**  
**PICTURE PROJECT MEDIA LLC**

**FIRST:** The name of the Limited Liability Company is:

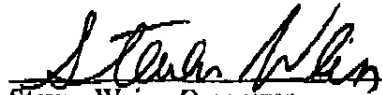
**PICTURE PROJECT MEDIA LLC**

**SECOND:** Its registered office in the State of Delaware is to be located at 341 Raven Circle, in the City of Wyoming, County of Kent, Zip Code 19934 and its registered agent at such address is Allstate Corporate Services Corp.

**THIRD:** The duration of the Limited Liability Company shall be perpetual.

**FOURTH:** This Certificate of Formation shall be effective immediately upon filing of this Certificate with the office of the Secretary of State of the State of Delaware.

**IN WITNESS WHEREOF,** this Certificate has been subscribed this 22nd day of September 2008 by the undersigned that affirms that the statements made herein are true and correct under the penalties of perjury.

  
\_\_\_\_\_  
Steven Weiss, Organizer  
Allstate Corporate Services Corp.  
341 Raven Circle  
Wyoming, Delaware 19934