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FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

FEB - 6 2009

**EXAMINER** 



Phone: 302-652-4800 ◆ Fax: 302-652-6760

<u>www.corpco.com</u> ◆ <u>info@corpco.com</u>

December 31, 2008

**VIA FEDEX** 

Florida Secretary of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: NEWBANDDAILY LLC

Dear Sir or Madam:

Please find enclosed the following for the above referenced entity:

- Application for Foreign Limited Liability Company and Registered Agent Designation
- Certificate of Good Standing from Delaware
- Check totaling \$125.00 to cover the filing fee

Please file this document and return the completed documents to my attention via regular mail.

If you have any questions or concerns, please do not hesitate to contact me. Thank you and have a good day!

Sincerely,

Christina M. Snow

**Enclosures** 

### 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:

| 1. NEWBANDDAILY 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 cop consent of the managers or managing members adopting the alternate name. The alternate name must include "Limite Company," "L.L.C.," "LLC.")  |           |   |
| 2. DELAWARE (Jurisdiction under the law of which foreign limited liability)  3. (FEI number, if applicable)  |           | -   |
| company is organized)  |           |   |
| 4. OCTOBER 21, 2008 5. PERPETUAL   |           | -   |
| (Date of Organization) (Duration: Year limited liability company will contain the exist or "perpetual")  | ease to   |   |
| 6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)   |           | -   |
| 7. 429 LENOX AVENUE  | 0         | ISIAID<br>33S   |
| MIAMI BEACH, FL 33139  | 9 FEB     | SECRE   |
| (Street Address of Principal Office)   | -         | - 국국  |
| 8. If limited liability company is a manager-managed company, check here   |           | ORP (   |
| 9. The name and usual business addresses of the managing members or managers are as follows:   | AM 10: 46 | CORPORATIONS  |
| SANTIAGO VEGA  | <u> </u>  | <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> - |
| 429 LENOX AVENUE   |           | -   |
| MIAMI BEACH, FL 33139  |           | -   |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custo<br>the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languards franslation of the certificate under oath of the translator must be submitted.) | -         | xords in  |
| 11. Nature of business or purposes to be conducted or promoted in Florida: To publish  |           | -   |
| online and email newsletters and any business not contrary to Florida  | law       |   |
|  |           | -   |
| Signature of a member 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.)   |           |   |
| SANTIAGO VEGA  |           |   |
| 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 nar | me of the Limited Liability Company is:                                   |  |
|------------|---|--|
| NEWB/      | ANDDAILY LLC  |  |
| If name ur | navailable, the alternate name to be used in the state of Florida is:     |  |
| 2. The na  | me and the Florida street address of the registered agent and office are: |  |
|            | SANTIAGO VEGA   |  |
|            | (Name)  |  |
|            | 429 LENOX AVENUE  |  |
|            | Florida Street Address (P.O. Box NOT ACCEPTABLE)                          |  |
|            | MIAMI BEACH FL  |  |
|            | 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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

PAGE 1

## Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEWBANDDAILY 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 FOURTH DAY OF FEBRUARY, A.D. 2009.



DATE: 02-04-09

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