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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| 789, 608,647 671 |
| 10-1, 400, 641 |



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Office Use Only

WS-29324

FOX-31,894

M. THOMAS

JUN 18 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Codigo Entertainment, LLC | nited Liability Company) |
| (Name of Lin | inted Liability Company) |
| | ability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited |
| Please return all correspondence concerning this | matter to the following: |
| G. S. Livingston | |
| (N | ame of Person) |
| c/o MacKay Gardner Cap | ital Partners, Inc. |
| (F) | irm/Company) |
| 6619 South Dixie Highway | y, #269 A T T T T T T T T T T T T T T T T T T |
| | tate and Zip Code) |
| Miami, Florida 33143 | ES + |
| (City/S | tate and Zip Code) 골글 22 |
| For further information concerning this matter, ple | ease call: |
| G. S. Livingston | at (305) 510-6043 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| MAILING ADDRESS: | STREET ADDRESS: |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: \$\sum{125.00 Filing Fee}\$ \sum{7}\$130.00 Filing Fee & Certificate o | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2008

G.S. LIVINGSTON 6619 SOUTH DIXIE-HIGHWAY, #269 MIAMI, FL 33143

SUBJECT: CODIGO ENTERTAINMENT, LLC

Ref. Number: W08000029324

We have received your document for CODIGO ENTERTAINMENT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 508A00036899

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:

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Codigo Entertainment, 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab Company," "L.L.C.," "LLC.") | |
| _{2.} State of Delaware 3. 26-2695726 | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | |
| May 2, 2008 5. Perpetual | |
| (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") | _ |
| None prior to registration | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | |
| 7. c/o MacKay Gardner Capital Partners, Inc. | |
| 6619 South Dixie Highway, #269, Miami, Florida 33143 (Street Address of Principal Office) (Street Address of Principal Office) | |
| (Street Address of Principal Office) | _ |
| B. If limited liability company is a manager-managed company, check here ✓ | > |
| O. The name and usual business addresses of the managing members or managers are as follows: | |
| G. S. Livingston, c/o MacKay Gardner Capital Partners, Inc. | |
| 6619 South Dixie Highway, #269 | |
| Miami, Florida 33143 | |
| 0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of me jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.) | |
| 1. Nature of business or purposes to be conducted or promoted in Florida: Intellectual Property Rig | jhts - |
| | |
| Confin " | _ |
| 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

G. S. Livingston

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 Limited Liability Company is: PODIGO ENTERTAINMENT LLC | |
|-----------------|---|---------|
| If name unavail | able, the alternate name to be used in the state of Florida is: | |
| 2. The name an | 6619 SOUTH DIXIE NWY. ZEM | TILE 22 |

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)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CODIGO ENTERTAINMENT, 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 TENTH DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CODIGO ENTERTAINMENT, LLC" WAS FORMED ON THE SECOND DAY OF MAY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4542316 8300

090604847

AUTHENTICATION: 7352958

DATE: 06-10-09

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