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PICK-UP	<u> </u>	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2010 SEP 13 rm 3. THE SECRETARY OF STATE FALLAHASSEE, FLORIDA

C. LEWIS

Sept. 14 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 20, 2010

WILLIAM FRANK / NEW FEATURES PRODUCTIONS LLC 7493 NW 21 CT. PEMBROKE PINES, FL 33024

SUBJECT: NEW FEATURES PRODUCTIONS LLC

Ref. Number: W10000039363

We have received your document for NEW FEATURES PRODUCTIONS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the corrected original and one copy of 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) 245-6047.

Carolyn Lewis Regulatory Specialist II Registration/Qualification Section

Letter Number: 510A00020046

COVER LETTER

	n of Corporations
SUBJECT:	New Features Productions LLC
	Name of Limited Liability Company
	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of heck 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:
	WILLIAM FRANK
	Name of Person
	New Persures Productions LLC
	Firm/Company
	7493 NW VI et
	Pembrohe Pines FL 3304
	City/State and Zip Code
	BILL WHEW PEATURE PROJUCTIONS. COM
	E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
J~/	LLIAM FRANK # 954 2405549
	Name of Person Area Code & Daytime Telephone Number
Divisio Registr P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 cssee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a	check for the following amount:
▼ \$12:	5.00 Filing Fee \$\int \text{\$130.00 Filing Fee & }\text{\$155.00 Filing Fee & }\text{\$160.00 Filing Fee, Certificate of Status}\$\$ Certificate of Status & Certified Copy

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:
New Features Productions LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
\mathcal{N}/\mathcal{N}
(If name unavailable, enter alternate dame 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. DE LA WARE (Jurisdiction under the law of which foreign limited liability) 3. 27-3734410 (FEI number, if applicable)
AAMMONY IS AFRONIZAD
4. Date of Organization) 5. Per Petual (Duration: Year limited liability company will cease to exist or "perpetual")
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 8-1-10
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 7493 NW 21 CT
Pembroke PINES LL 33024
(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: W. LLIAM FRANK 7493 NW 21 Ct TEMPROKE VINCS FL33 ALLEKS ROSENBERG 3VI 19+4 Street SUNNY ISLE BRUH A:
Alleka Rasenberg 321 19th Street Swann Tale Bear 4 D:
TOTAL DESCRIPTION OF THE STATE
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:
MOVIE + ESUCATIONS PROPRIETIONS DE
X Welliam From
Signature of a member or an authorized representation of this document constitutes (In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of parinty 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.

1. The name of the Limited Liability Company is:
1. The name of the Limited Liability Company is: New Features Productions LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
W.LLIAM FRANK (Name)
7493 NW VICT
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Rembroke Tines FL 33024 55 50 1
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)

\$ 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

The First State

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

DELAWARE, DO HEREBY CERTIFY "NEW FEATURES PRODUCTIONS, 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 THIRTIETH DAY OF AUGUST, A.D. 2010.

4797769 8300

100864399

AUTHENTY CATION: 8201478

DATE: 08-30-10

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