Division of Cor

Division of Corporations Electronic Filing Cover Sheet

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(((H110001786283)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

Prom:

: C T CORPORATION SYNTEM Account Name

Account Number : FCA000000023

: (050)878-5368

RE-SUBMIT

Please retain original filing

Enter the smail address for this business ent dilected beauties of annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company LATINO CELLULAR LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

Registration Section

TQ:

Divisio	on of Corporations	
SUBJECT:	LATINO CELLULAR LLO	
	Name of Limited Liability Company	
The enclosed "A Existence, and o	application by Poreign Limited Liability Company for Authorization to Transact Business in Florida,* Certificate 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:	
	EDUARDO L. HERNANDEZ, ESQ.	
	Name of Person	
	VENEVISION INTERNATIONAL LLC	
	Firm/Company	
	121 ALHAMBRA PLAZA, SUITE 1400	
	Address	
	CORAL GABLES, FLORIDA 33134	
	City/State and Zip Code	
	ehernandez@cisneros.com E-mail address: (to be used for future annual report polification)	
	E-mail address: (to be used for ruture annual report politication)	
For further infor	mation concerning this matter, please cell:	
Edua	rdo L. Hernandez <u>at</u> (305) 442-3405	
	Name of Person Area Code & Daytime Telephone Number	
Division Registra P.O. Bo	NG ADDRESS: of Corporations bivision of Corporations ation Section cx 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	check for the following amount: Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certificate of Status	



July 12, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

CT CORPORATION

SUBJECT: LATINO CELLULAR LLC

REF: W11000036551

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Comporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. You may download a fill-in-the-blank written consent form fromour website www.sunbiz.org.

The alternate name must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable limited liability company suffixes in Florida: Limited Company, L.C., and LC.

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) 245-6067.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H11000178628 Letter Number: 411A00016464

P.O BOX 6327 - Tallahassee, Fronda 32314

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, d	lo hereby certify that we are the Managers and/or Managing
Members of	LATINO CELLULAR LLC
-	(Name of Limited Liability Company)
a limited liability comp	pany duly organized and existing under the laws of
DELAWARE	
(State or Con	untry of Organization)
Because the name of th	nis foreign limited liability company does not satisfy the
requirements of the s. 6	508.406, F.S., the limited liability company hereby adopts the
following name to trans	sact business in the state of Florida:
	LATCEL LLC
(Name to be used by limited lie Company, L.L.C., or LLC.)	ability company in Florida. NOTE: Name must end with Limited Liability
Date: JULY 13, 2011 Signature(s) of Manage	er(s) and/or Managing Member(s):
MIGHTHAM	ARIDE VEGI
CABRIEL E. MONTO	YA /

CR2E122 (7/07)

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: LATINO CELLULAR LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") LATCEL LLC (If name imavailable, enter alternate name adopted for the purpose of transacting busit uss 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,") DELAWARE 20-1278731 2. DELAVYANE
(Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) MAY 7, 2004 PERPETUAL (Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual") **UPON QUALIFICATION** (Date first transacted business in Plorida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLES, FL 33134 (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: Miguel Dvorak, Manager - 121 Alhambra Plaza, Suite 1400, Comi Gables, FL 33134 Gabriel E. Montoya, Manager - 121 Alhambra Plaza, Suite 1400, Coral Gables, FL 33134 Ariel Prat, Manager - 121 Alhambra Piaza, Suite 1400, Coral Gables, FL 33134 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 he certificate is in a foreign language, a translation of the certificate under onth of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Flurida: Any lawful act or activity which limited liability companies may be authorized to conduct under the laws of the State of 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Eduardo L. Hernandez, Secretary

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.407, 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: LATINO CELLULAR LLC		
If unavailable, the alternate to be used in the state of Florida is: LATCELL LLC		
2. The name and the Florida street address of the registered agent and office are:		
Eduardo L. Hemandez, Esq.		
(Name) Venevision International LLC	Z0 =	
121 Alhambra Plaza, Suite 1400	FG.	
Florida Street Address (P.O. Box NOT ACCELTABLE) Coral Gables FL 331:4 City/State/Zip	ETARY OF STAT	•
Having been named as registered agent and to accept service of process for the above stated limitability company at the place designated in this certificate, I hereby accept the appointment as reagent and agree to act in this capacity. I further agree to comply with the provisions of all stature relating to the proper and complete performance of my duttes, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.	registered tes	3 0.
Eduardo L. Hernandez, Rsq.		
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent		
A Prima mentioned Ar section to (Pour		

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LATING CELLULAR 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 EIGHTH DAY OF JULY, A.D. 2011.

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

DATE: 07-08-11