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(Bu	isiness Entity Nar	ne)				
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only

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W12-30021

#### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	ECT: Adcorp Latino, LLC  Name of Limited Liability Company
	Maine of Billinea Blability Company
The en Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of nce, 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:
	Peter Broccole
	Name of Person
	Adcorp Latino, LLC
	Firm/Company
	50 S Buckhout Street, Ste 200
	Address
	Irvington, NY 10533
	City/State and Zip Code
	peter@adcorpmg.com E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	Peter Broccole at (914 ) 909-2960
	Name of Person Area Code & Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle
	Tallahassee, FL 32314  Tallahassee, FL 32301
_	sed is a check for the following amount:  \$\int\\$\$125.00 \text{Filing Fee} \text{\$\sum_{\text{Certificate}}\$130.00 \text{Filing Fee & Certificate} \text{\$\text{Certificate} Copy}\$\$155.00 \text{Filing Fee & Certified Copy}\$\$\$160.00 \text{Filing Fee, Certificate} \text{\$\text{Certified Copy}}\$\$\$\$\$
	- 78.75 CK# 1001
	8125 DUF

## 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Adcorp Latino, 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. New York 3. 45-4997306
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 04/05/2012 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. June 1, 2012
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 50 S Buckhout Street, Ste 200
Irvington, NY 10533
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here X
9. The name and usual business addresses of the managing members or managers are as follows:
Peter Broccole, President
Franco CabraL, Vice President
50 S BuckHout St. Ste 200 Irvington, NY 10533
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:
advertising Media Services
Letter 13h
Signature of a member or an authorized representative of a member.

Peter Broccole, President

(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.)

## 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 Comp	any is:			
Adcor	p Latino, LLC	<del>_</del>		
If unavailable, the alternate to be used in the	e state of Florida is:			
2. The name and the Florida street address of	of the registered age	nt and office are:		
Incor	p Services, Inc.			
	(Name)		<del></del>	
17888	67th Court Nort	h		
Florida Street Add	ress (P.O. Box <u>NOT</u> AC	CEPTABLE)		
Loxahatchee	FL	33470		
	City/State/Zip		_	١
Having been named as registered agent and to liability company at the place designated in the agent and agree to act in this capacity. I further relating to the proper and complete performant obligations of my position as registered agent (Signa)	nis certificate, I hereb her agree to comply we nce of my duties, and as provided for in Cl	y accept the appoin vith the provisions o I am familiar with c	tment as registere of all statutes and accept the Statutes.	
\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for App Designation of Re Certified Copy (op Certificate of State	gistered Agent otional)	SECRETARY OF STATE TALLAHASSEE, FLORIDA	FO

# State of New York Department of State } ss:

I hereby certify, that ADCORP LATINO, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/05/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 18th day of May two thousand and twelve.

First Deputy Secretary of State