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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	- 1-1
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EXAMINER



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SEGRETARY OF STATE

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UNISIUM OF CORPORATIO

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 07/20/2012

REF. #: 000173.169996

CORP. NAME: SPIN BRAZIL, LLC



() ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME (XX) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION () OTHER:

STATE FEES PREPAID WITH CHECK# 100 () FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

______ COST LIMIT: \$______

PLEASE RETURN:

() CERTIFIED COPY () CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

Examiner's Initials

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TRANSACT BUSINESS IN FLORIDA
ľΝ	TRANSACT BUSINESS IN FLORIDA COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREICA
LII	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	SPIN Brazil, LLC
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
/1f	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
co	nsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
2.	Delaware 3
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	7/18/20125. Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	10202 W. Washington Blvd., SPP 1132
	Culver City, CA 90232
	(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:
	Leah E. Weil, 10202 W. Washington Blvd., SPP 1132, Culver City, CA 90232
	David C. Hendler, 10202 W. Washington Blvd., SPP 1132, Culver City, CA 90232
	John O. Fukunaga, 10202 W. Washington Blvd., SPP 1132, Culver City, CA 90232
th). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under oath of the translation must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida:
	Distributes and programs networks in Brazil
	- An M
	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.)
	Steven N. Gofman

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.

SPIN Brazil, LLC			
If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street addre	ess of the registered agent and office are:		
NRAI Services, Inc.			
	(Name)		
EAE Frank Dorde Asso	nue		
515 East Park Ave			
	Address (P.O. Box NOT ACCEPTABLE)		
	Address (P.O. Box NOT ACCEPTABLE) , FL 32301		

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.

necies 7.19.2012

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SPIN BRAZIL, 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 EIGHTEENTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPIN BRAZIL, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5185925 8300

120848070

AUTHENTICATION: 9719069

DATE: 07-18-12

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