# 

| ·                                       |             |
|---|-------------|
| (Requestor's Name)                      |             |
| (Address)                               | <del></del> |
| (Address)                               |             |
| (City/State/Zip/Phone #)                |             |
| PICK-UP WAIT                            | MAIL        |
| (Business Entity Name)                  | <del></del> |
| (Document Number)                       | <del></del> |
| Certified Copies Certificates of Statu  | s           |
| Special Instructions to Filing Officer: |             |
|   |             |
| • •                                     |             |
|   |             |
|   |             |

Office Use Only



600242597926

SECRETARY OF STATE
SECRETARY OF STATE

13 JAN - 8 PM 4: 31

D. BRUCE

**JAN 09** 

**EXAMINER** 



| ACCOUNT NO.  | :           | I20000001   | 95       |                              |         |
|--|-------------|-------------|----------|------------------------------|---------|
| REFERENCE  | :           | 471546      | 7804388  |                              |         |
| AUTHORIZATION  | :           |             | 10       | ) _                          |         |
| COST LIMIT   | :           | \$ 125      | TAPARO B | lena                         |         |
| ORDER DATE : December 21, 201                                | 2           |             | ダーミン・- · |                              |         |
| ORDER TIME : 1:30 PM   |             |             |          |                              |         |
| ORDER NO. : 471546-095                                       |             |             |          |                              |         |
| CUSTOMER NO: 7804388   |             |             |          |                              |         |
| FOREIGN F  |             |             |          |                              |         |
| XXXX QUALIFICATION (TYPE: L                                  | [_)         |             |          | ARY OF STATE<br>SSEE FLORIDA | )<br>A  |
| PLEASE RETURN THE FOLLOWING AS                               | PR          | OOF OF FILI | NG:      | STATE                        | ာ့<br>ယ |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA | <b>AN</b> D | ING         |          | A                            |         |
| CONTACT PERSON: Harry B. Davis                               | s -         | - EXT# 2926 |          |                              |         |
|  | ,           | FYAMTNED.   |          |                              |         |

#### 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:

|     | IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  Deluxe/EchoStar LLC   |  |
|-----|---|--|
|     | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  |  |
| CC  | if name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the vonsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabilitompany," "L.L.C," "LLC.")   |  |
| 2.  | Delaware  (Jurisdiction under the law of which foreign limited liability  3. 27-3452049  (FEI number, if applicable)  |  |
|     | company is organized)   |  |
| 4.  | O9/10/2010  (Date of Organization)  5. Perpetual (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.  | 2400 West Empire Avenue, 2nd Floor, Burbank, CA 91504   |  |
|     |   |  |
|     | (Street Address of Principal Office)  |  |
| 8.  | . If limited liability company is a manager-managed company, check here \( \sum \)  | e de la composição de l |
| 9.  | The name and usual business addresses of the managing members or managers are as follows:   | CECTAC   |
|     | Paul Teague and Joe Hart, 2400 West Empire Avenue, 2nd Floor, Burbank, CA 91504   |  |
|     | Kenneth Carroll and Vernon Smith, 100 Inverness Terrace East, Englewood, CO 80122   |  |
|     |   |  |
| the | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record purisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a unslation of the certificate under oath of the translator must be submitted.) | rds in   |
| 11  | Nature of business or purposes to be conducted or promoted in Florida:  |  |
|     | Delivery and associated services for distribution of digital cinema content   |  |
|     |   |  |
|     | 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 penulties 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.)  Joe Hart    |  |

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.

| I. The name<br>Deluxe/Echos | of the Limited Liability Constair, LLC | npany is:                                  |              |
|-----------------------------|--|--|--------------|
| If unavailable              | e, the alternate to be used in         | the state of Florida is:                   |              |
| 2. The name                 | and the Florida street addres          | ss of the registered agent and office are: |              |
|                             | Corporation Service Comp               | any  |              |
|                             |  | . (Name)                                   | PO D         |
|                             | 1201 Hays Street                       |  |              |
|                             | Florida Street A                       | Address (P.O. Box NOT ACCEPTABLE)          | ASSE<br>ASSE |
|                             | Tallahassee                            | 32301<br>FL                                | TO THE       |
|                             |  | City/State/Zip                             | LORIDA       |

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.

Corporation Service Company

By:

(Signature)

JOHN H. PELLETTER

ASST. VICE PRESIDENT

\$ 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 "DELUXE/ECHOSTAR 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 TWENTY-FIRST DAY OF DECEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID

"DELUXE/ECHOSTAR LLC" WAS FORMED ON THE TENTH DAY OF SEPTEMBER,

A.D. 2010.

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

4870549 8300

121381278

AUTHENTYCATION: 0093468

DATE: 12-21-12

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