Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H13000018877 3)))



H130000188773ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

Tot

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500

Fax Number : (70)

: 12012000007 : (702)866-2500 : (702)866-2689 2013 JAN 24 AM 88 96 STERETARY OF STATE!

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: andre@promaxpro.com

JAN Z4 PN 4:49 ECRETARY OF STATE LAHASSEE, FLORIDA

#### Foreign Limited Liability Company Promax Productions LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

JAN 25 2013 T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

CR2E027 (9/10)

#### COVER LETTER

		201	DK LEITER	
	Registration Section Division of Corporations	•		
SUBJEC	Tr:	Promax Prod	ductions LLC	
	•••	Name of Lim	ited Liability Company	
				unsact Business in Florida," Certificate of y company to transact business in Florida
Please re	tum all correspondence o	oncerning this matter to the	following:	:
		Ja	nice Null	·
		Na	me of Person	
		Incorp	Services, Inc.	
		Fir	m/Company	
		2360 Corpor	ate Circle, Suite 400	
		·	Address	201 St.
		Henden	son, NV 89074	2013 JAN 24 SEGREJARY FAULAHASSE
		City/St	ate and Zip Code	JAN 24 REJARY AHASSE
			promaxpro.com	1.44
		E-mail address: (to be used	for future annual report not	incation)
For furth	er information concerning	g this matter, please call:		# # # * * * * * * * * * * * * * * * * *
	Janice Null for Inc	oro Services, inc.	_at (702) 866-2	
•			Code & Daytime Telephon	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton 2661 Ex	TADDRESS:  of Corporations  ation Section  Building  accutive Center Circle  assec, FL 32301	
	ed is a check for the f	ollowing amount: ☐ \$130.00 Filing Fee &	■ \$155.00 Filing Fee &	☐ \$160.00 Filing Fee, Certificate
		Certificate of Status	Certified Copy	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:

1. Promax Productions 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 w consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC."	ritten Y
2 Wyoming 2 46-1528632	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 12/10/2012 5 Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6. Upon registration	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 1221 Brickell Avenue, Suite 900, Miami, FL 33131	2013.
1221 Brickell Avenue, Suite 900, Mlami, FL 33131	N N
(Street Address of Principal Office)	24
8. If limited liability company is a manager-managed company, check here	<b>P</b>
9. The name and usual business addresses of the managing members or managers are as follows:	<b>32</b>
Member Manager - Rory Holloway 175 W. 87th St. #10C, New York, NY 10024	20: PN
Member Manager - Andre Prieto 108 Monterey Bay Drive, Boynton Beach, FL 33426	
<ol> <li>Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recthe 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 each of the translator must be submitted.)</li> <li>Nature of business or purposes to be conducted or promoted in Florida:</li> </ol>	ords in
Entertainment, films, internet commerce, production	
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 berein 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.)	
Andre Prieto	
Typed or printed name of signee	

H130000188773

H130000188773

### 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 Compa	•		
	Promax	Productions LL(	<u> </u>	
If unavailable, ti	he alternate to be used in the	state of Florida is	<b>:</b> .	
2. The name an	d the Florida street address o	of the registered ag	ent and office are:	
	Inco	rp Services, Inc.		
		(Name)		20) SE FAL
	17888			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			JAN 24
	Loxahatchee	FL	33470	in 🖭 🖺
		City/State/Zip		- FLSTA CO
Marina kaan na	med as registered agent and t	'a assant ramias at	onnous for the above	് യു
liability compan	y at the place designated in ti	his certificate, I hei	reby accept the appo	intment as
statutes relating	and agree to act in this capa to the proper and complete p	erformance of my	duties, and I am fam	iliar with and
accept the obligation	ations of my position as regis	tered agent as pro	vided for in Chapter	608, Florida
	$\vee$ . $\subseteq$	20		
<u> </u>	Janue Y W		Null on behalf of	Incorp Services, Inc.
	/	•		
	\$ 100.00 \$ 25.00	Filing Fee for A	pplication Registered Agent	
	5 25,00 5 30,00	Certified Conv.		

\$ 5.00 Certificate of Status (optional)

## STATE OF WYOMING Office of the Secretary of State

i, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

# Promax Productions LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 10, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity Identification number **2012-000634091**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, Issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 24th day of January, 2013 at 2:01 PM. This certificate is assigned 013218623.



Maj Massie

Notice: A certificate Issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the Instructions displayed under Validate Certificate.

H1.3000018877.3