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CR2E027 (9/10)

COVER LETTER

	on Section of Corporation	s				
SUBJECT:		SigN N	5 ame of Li	LLC. mited Liability Company		
The enclosed "App Existence, and che	olication by Fo	reign Limited Lized to register the	ability Cor above refe	npany for Authorization to Trerenced foreign limited liability	ransact Business in Florida," Certifica ty company to transact business in Flo	ite of orida
Please return all co	orrespondence	concerning this n	atter to th	ne following:	,	
_		WIZLIA.	jui Op	MUCDER Name of Person	7013 OCT -7 TH &	
_	-	125	PA,	Name of Person Dig HAL DIST Firm/Company RK AVE - 2 Address	18th Floor	Superior of E.
		NEW YO	RIC	NEW YRK	10017	
_	Bi	22 P 50 E-mail address:	City/S I PER (to be use	State and Zip Code ION DIGITALDI ed for future annual report not	Splays, com ification)	
For further informa	ation concernin	g this matter, ple	ase call:			
MA	TY KN Name	EE of Person	Arc	at (<u>914</u>) <u>f</u> ea Code & Daytime Telephon	815- 022 7 e Number	
Division of Registration P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314		Divisi Regist Clifto 2661 I	on of Corporations Iration Section In Building Executive Center Circle Itassee, FL 32301		
Enclosed is a ch	neck for the 1 0 Filing Fee	following amo \$130.00 Fili Certificate o	ng Fee &	\$155.00 Filing Fee & Certified Copy		

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

N 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:
SIGN #5 SUP LLC If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
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.")
DELAWARE (Jurisdiction under the law of which foreign limited liability) (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
1. 1/5EPT ZO/Z (Date of Organization) 5. ZO/4 (Duration: Year limited liability company will cease to
exist or "perpetual")
(Date first transacted business in Florida, if prior to registration.)
(See sections 608 501 & 608 502 F.S. to determine penalty lightlity)
125 PARK AUENTE, 25th Floor
NIFW YORK NEW YOKIC 10017
NEW YORK NEW YOKIC 10017 (Street Address of Principal Office)
3. If limited liability company is a manager-managed company, check here
. The name and usual business addresses of the managing members or managers are as follows:
William Mulder
5300 Powerline Road
Pt. Cauderdale, Fl 33309
0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in ne jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
ranslation of the certificate under oath of the translator must be submitted.)
1. Nature of business or purposes to be conducted or promoted in Florida: Local offices
<u> </u>

(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.)

Signature of a member or an authorized representative of a member....

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.

1. The name of the Limited Liability Company is:	
516N = 5 LLC	
If unavailable, the alternate to be used in the state of Florida is:	
SIGN 5 SUP LLC.	

2. The name and the Florida street address of the registered agent and office are:

WILLIAM MULDER			en en en en en en etc
· (Name)) · · ·	2013	
5300 Powersine Road		308	Sangar a
Florida Street Address (P.O. Box NOT ACCEPTABLE)	63	1	income.
_	Fn K	7	1
FT LAUNTAPHEE FC, 33309		₽5. Enc	Same of
City/State/Zip		ည္အ	

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.

(Signature)

\$ 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 "SIGN 5 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-FIFTH DAY OF SEPTEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIGN 5 LLC"
WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2012.

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

5216412 8300

131126379

AUTHENTY CATION: 0763938

DATE: 09-25-13

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