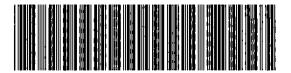
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N. Oulligan 114 8 0 2014

#### **COVER LETTER**

TO:

Registration Section

Division of 0	Corporations		
SUBJECT: Huma	nity Productions		
	Name	e of Limited Liability Compar	пу
The enclosed "Applic Existence, and check	cation by Foreign Limited Liabili are submitted to register the abo	ty Company for Authorization	n to Transact Business in Florida," Certificate of liability company to transact business in Florida.
Please return all corre	espondence concerning this matte	er to the following:	
Ga	ston Blanchet		4 - 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -
		Name of Person	
Hui	manity Productions LLC		
		Firm/Company	
80-	13 Ridge Way		
		Address	
Orl	lando, FL 32817		
		City/State and Zip Code	
gas	ston@humanity.tv		
	E-mail address: (to	be used for future annual rep	ort nouncation)
For further information	on concerning this matter, please	call:	
Gaston B	Blanchet	at (917	740-9387  Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number
	327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	е
Enclosed is a chec	ck for the following amoun Filing Fee \$130.00 Filing Certificate of S	Fee & <b>S</b> \$155.00 Filing I	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I Humanity Productions LL		TEOF FLORIDA:	
h		nited Liability Company," "L.L.C.," or	"LLC.")
		ansacting business in Florida and attach ame. The alternate name must include "I	
2. Delaware	J.	-1080246	
(Jurisdiction under the law of whi company is organized)	ch foreign limited liability	(FEI number, if applicable)	
4. Jan 1, 2014			
(Date fi (See secti	rst transacted business in Florida, if ions 605.0904 & 605.0905, F.S. to o	prior to registration.) determine penalty liability)	
5. 8013 Ridge Way			<del></del> ~
Orlando, FL 32817			= =
	(Street Address of Prin	cipal Office)	Care Care Care Care Care Care Care Care
6. same as Principal Office			<u> </u>
	(Mailing Addr	ress)	
7. The name, title or capacity	and address of the person(s)	who has/have authority to manag	e is/are:
Gaston Blanchet, Owner, 8	-		
		New 2014 - 1014	
Kerrin Sheldon, Owner, Rt	1 Box 41, Moatsville, WV 2	26405	<del> </del>
<b>—</b>	nich it is organized. (A photocopy is:	d, duly authenticated by the official having not acceptable. If the certificate is in a for	
	67 B	tub	
	Signature of an author	•	
penalties of perjury the document to the De	nat the facts stated herein are true. I am	his document constitutes an affirmation und aware that any false information submit degree felony as provided for in s.817.	tted in a

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailab	le, the alternate to be used	in the state of Florida is:	
2. The nam	e and the Florida street add	dress of the registered agent and office are:	
	Gaston Blanchet		
		(Name)	
	8013 Ridge Way		
	Florida Stre	eet Address (P.O. Box NOT ACCEPTABLE)	
	Orlando	<sub>FL</sub> 32817	
		City/State/Zip	
_		t and to accept service of process for the above	
registered a statutes rela	gent and agree to act in this ting to the proper and comp	ed in this certificate, I hereby accept the appoir s capacity. I further agree to comply with the p plete performance of my duties, and I am famil s registered agent as provided for in Chapter 6	provisions of all iar with and

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

(Signature)



PAGE :

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HUMANITY PRODUCTIONS 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 FIFTEENTH DAY OF JANUARY, A.D. 2014.

5098699 8300

140007688

AUTHENTY CATION: 1060494

DATE: 01-15-14

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