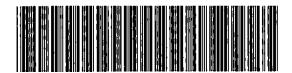
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SECKETARY OF STATE

K. SALY EXAMINER

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COVER LETTER

то:	Registration Section Division of Corporation	s				
SUBJE	CT.	AUDIBLE N	MEDIA GROUP, LLC	C		
SODJE	C1:	Name of Limit	ed Liability Company			
				to Transact Business in Florida," iability company to transact busin		
Please re	eturn all correspondence co	oncerning this matter to the	e following:			
		HIL	LEL CHARM			
		Ŋ	lame of Person			
		AUDIBLE	MEDIA GROUP, LI	LC		
Firm/Company						
901 NORTHPOINT PARKWAY, SUITE 302						
			Address	-		
		WEST PAL	M BEACH, FL 334	07		
		City/S	State and Zip Code			
		charm@d	capitol-radio.com			
		E-mail address: (to be use	ed for future annual report	notification)		
For furth	her information concerning	this matter, please call:				
	LESLIE C	OHEN	561	623-8284		
	Name of	Contact Person	at () Area Code	Daytime Telephone Number		
	MAILING ADDRESS:		ET ADDRESS:			
	Division of Corporations Registration Section		Division of Corporations Registration Section			
	P.O. Box 6327		Building			
	Tallahassee, FL 32314		Executive Center Circle assee, FL 32301			
Enclos	ed is a check for the fo	allowing amount:				
	□ \$125.00 Filing Fee	S \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fe Certified Copy	of Status & Certified 6		

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: **AUDIBLE MEDIA GROUP, 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, The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") **DELAWARE** (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 901 NORTHPOINT PARKWAY, SUITE 302 **WEST PALM BEACH, FL 33407** (Street Address of Principal Office) 901 NORTHPOINT PARKWAY, SUITE 302 **WEST PALM BEACH, FL 33407** (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: JEFF KOTTKAMP, MANAGER 901 NORTHPOINT PARKWAY, SUITE 302 **WEST PALM BEACH, FL 33407** 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the 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 oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, 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.)

JEFF KOTTKAMP

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.

AGENT IN THE STATE OF FLORIDA.	
1. The name of the Limited Liability Company is:	TIL BRITA
AUDIBLE MEDIA GROUP, LLC	75 S
If unavailable, the alternate to be used in the state of Florida is:	A 2: LL
2. The name and the Florida street address of the registered agent and office are	:
LESLIE COHEN, ESQ.	
(Name)	
601 HERITAGE DRIVE, STE 406	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
JUPITER FL 33458	
City/State/Zip	

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 605, Florida Statutes.

(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

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AUDIBLE MEDIA GROUP, 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 MARCH, A.D. 2014.

5479557 8300

140296508

Jeffrey W. Bullock, Secretary of State **AUTHENTYCATION:** 1229883

DATE: 03-21-14

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