# M14000005625

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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TO ACKROWLEDGE

2014 AUS -E AN III 3





August 6, 2014

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9232982 SO

Customer Reference 1: 036

Customer Reference 2:

036419-1

Dear Department of State, Florida:

Please obtain the following:

SAM Creative Services, LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

#### **COVER LETTER**

•	sistration Section is in the section of Corporation	5			
SUBJECT:	SAM Cre	ative Servi	ces, LLC		
		Name of Lin	nited Liability Company		
				to Transact Business in Florida ability company to transact hus	
Picase return	all correspondence co	oncerning this matter to	the following:		
	Alicia R	otella			
			Name of Person		<b>-</b>
	Nixon P	eabody LL	P		
			Firm/Company		<del></del>
	1300 CI	inton Squa	re		
	***************************************		Address		_
	Roches	ter, NY 146	804		
		Cit	//State and Zip Code		=
	arotella(	@nixonpea	body.com		
		E-mail address: (to be u	sed for future annual report	notification)	
For further in	formation concerning	this matter, please call:			
	Name of	Contact Person	at () Area Code	Daytime Telephone Number	-
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassec, FL 32314	Divis Regi Clift 2661	EET ADDRESS: tion of Corporations stration Section on Building Executive Center Circle thassee, FL 32301		
	s a check for the for 125.00 Filing Fee	llowing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	S155.00 Filing Fe Certified Copy	e & \$\Bigcup \$160.00 Filing Fee, of Status & Certification	

## 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:

1. SAM Creative Services, 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 alterna Liability Company," "L.L.C," or "LLC.")	te name must include "Limited
<sub>2.</sub> Delaware 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, if ap company is organized)	plicable)
<sub>4.</sub> n/a	A Se
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	A SECTION ASSESSMENT
5. 7000 W. Palmetto Park Road, Suite 210	17. S6
Boca Raton, FL 33431	7 P
(Street Address of Principal Office)	188 t:
<sub>6.</sub> 7000 W. Palmetto Park Road, Suite 210	
Boca Raton, FL 33431	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/are:
Suzanne Taub, Member and Manager	
8. Attached is an original certificate of existence, no more than 90 days old, duly auth	nenticated by the official
having custody of records in the jurisdiction under the law of which it is organized. (A acceptable. If the certificate is in a foreign language, a translation of the certificate un	A photocopy is not not not of the translator
must be submitted)	
In Janto	
Signature of an authorized person	
n accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of penalties at the penalties of penaltie	

Suzanne Taub, Member and Manager

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.

1.	The name	of the	Limited	Liability	Company	is:
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### SAM Creative Services, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

### C T Corporation System

(Name

#### 1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

. 33324

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.

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 :

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "SAM CREATIVE SERVICES, 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 SIXTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

MANG-6 PM 4:45

5568577 8300

141039476

AUTHENT CATION: 1597833

DATE: 08-06-14

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