Division of Corporations Electronic Filing Cover Sheet

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(((H140002233473)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC.

Account Number : 072720000101

Phone

: (850)385-6735

Fax Number

: (954)641-4192

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

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#### Foreign Limited Liability Company FUN GRAB, LLC

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\$155.00

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Corporate Filing Menu

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8EP 2 6 2014

T. BROWN



September 24, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILINGS, INC.

SUBJECT: FUN GRAB, LLC REF: W14000058380

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

An addition to first letter.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II FAX Aud. #: H14000223347 Letter Number: 214A00020451

RECEIVED

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NVISION OF CORPURATIONS
BUREAU OF CORPURATIONS
INFORMATION SPRVICES

P.O BOX 6327 - Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STA FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT B	ITUTES, THE FOILOWING IS SUBMITTED TO REGISTER A PUSINESS IN THE STATE OF FLORIDA:
1 Fun Grab, LLC	
(Name of Foreign Limited Liability Company: most include	e "Limited Liability Campany," "U.L.C.," or "LLC.")
(If name unavailable, order alternate name adopted for the purpose of true Liability Company," "L.L.C," or "LLC.")	
<sub>2</sub> Delaware	46-3516473
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. (Date first transacted business in fi (See sections 605.0904 & 605.0905, T	lorida, if prior to registration.)
5. 12 N.E. Fifth Avenue, Second Flo	
Delray Beach, Florida 33483	me 7
6. 12 N.E. Fifth Avenue, Second Floo	of Principal Office)
Delray Beach, Florida 33483	D.
(Mallin)	g Address)
7. The name, title or capacity and address of the person	on(s) who has/have authority to manage is/are:
Launch Media Solutions, LLC	(MGR)
8. Attached is an original certificate of existence, no m having oustody of records in the jurisdiction under the acceptable. If the certificate is in a foreign language, a must be submitted)	
	authorized person lutes an affirmation under the penalties of perjury that the flects stated hereix are true, for State constitutes a third degree Jelmy so provided for in a,817,155, F.S.)
Gregory Van Horn	
Typed or grinted	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 PLORIDA.

I. The name of Fun Grab	the Limited Linbility Company is:  ), LLC	
lf unavailable, th	he alternate to be used in the state of Flor	rida is:
2. The name and	d the Florida street address of the registe	red agent and office arc:
Jonathan D. Louis, P.A.		
	(Name)	
7777 Glades Road, Suite 315-B		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Bocz RetonFL	33434
•	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

PAGE I

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FUN GRAB, 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-FOURTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FUN GRAB, LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2013.

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

5381345 8300

141217040

fou may verify this cuxtificate online at corp. delaware, gov/authver. whimi

AUTHENTY CATION: 1726222

DATE: 09-24-14

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