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## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5368 Fax Number

\*\*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 Talent Partners Payroll Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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Corporate Filing Menu

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#### COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Talent Partners Payroll Services, LLC				
Name of Limited Liability Company				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida				
Please return all correspondence concerning this matter to the following:				
Bryan Snyder				
Name of Person				
Goodwin Procter LLP				
Firm/Company				
620 Eighth Avenue				
Address				
New York, NY 10018				
City/State and Zip Code				
bsnyder@goodwinprocter.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Bryan Snyder at 212 459-7221  Name of Contact Person Area Code Daytime Telephone Number				
Name of Contact Person Area Code Daytime Telephone Number				
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount:  S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S1560.00 Filing Fee, Certificate Certificate of Status  Certificate of Status  Certificate Copy  Of Status & Certified Copy				

## 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: Talent Partners Payroll 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 Fiorida. The alternate name must include "Limited Liability Company," "LLC," or "LLC,") <sub>3.</sub> 45-4724371 New York (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty fiability) 400 N. Michigan Ave., 14th Floor, Chicago, IL 60611 (Street Address of Principal Office) (Mailing Address)  $\alpha$ 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Paul Muratore - CEO & Pres. 400 N. Michigan Ave., 14th Floor, Chicago 7660611 Wendy Katz - CFO & Sec. 400 N. Michigan Ave., 14th Floor, Chicago, IL 60611 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) Signatura 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 faces trated 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.\$17.155, F.S.) 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.

Talent Partr	•	Services, LLC	
If unavailable, the alt	ernate to be used in	the state of Florida is:	
2. The name and the	Florida street addre	ess of the registered agent and office are:	AS -
C	T Corporati	on System	14 SEP
12	00 South P	ine Island Road	29 AH ARY 08 ASSELI
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	်ားက <b>က</b>
Pla	ntation	FI. 33324	09 NAME DRIED
		City/State/Zip	7>

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.

Conin Buyar	<u>Connic I</u>	<u> Eyon</u>
(Signature)		- story

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

# State of New York Department of State } ss:

I hereby certify, that TALENT PARTNERS MUSIC SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/05/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment TALENT PARTNERS MUSIC SERVICES, LLC, changing its name to TALENT PARTNERS PAYROLL SERVICES, LLC, was filed 12/19/2012.

\*\*\*



201409260144 \* EZ

Witness my hand and the official seal of the Department of State at the City of Albany, this 25th day of September two thousand and fourteen.

Anthony Giardina Executive Deputy Secretary of State 14 SEP 29 AM 8: 09
SECREPARY OF STATE
ALLATIASSEE, FLORING