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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number: I20010000062 : (323) 962-8600 : (323) 962-3889 Phone

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

Email Address:

Foreign Limited Liability Company SHARPRESPONSE MEDIA LLC

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SharpResponse Media LLC Name of Limited Liability Company			
Please return all correspondence concerning this m	atter to the following:		
	lmelda Vasquez		
	Name of Person		
	Legalzoom.com, Inc.		
	Firm/Company		
10	00 W. Broadway Suite 100		
	Address		
	Glendale, CA 91210		
	City/State and Zip Code		
deb.silverman@yahoo.cor	m		
E-mail address:	(to be used for future annual report notification)		
For further information concerning this matter, plea	se call:		
Imelda Vasquez	323 962-8600		
Name of Contact Person	Area Code Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations		
Registration Section	Registration Section		
P.O. Box 6327	Clifton Building		
Taliahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amou	nnt:		

■ \$155.00 Filing Fcc & □ \$160.00 Filing Fcc, Certificate

of Status & Certified Copy

Certified Copy

□ \$125.00 Filing Fee □ \$130.00 Filing Fee &

Certificate of Status

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 FORFIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SharpResponse Media 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.") (Jurisdiction under the law of which foreign limited liability company is organized) November 1, 2014 (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 32 SE 2nd Avenue, Suite 408 Delray Beach, FL 33444 (Street Address of Principal Office) 6, 32 SE 2nd Avenue, Suite 408 Delray Beach, FL 33444 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Debra Silverman, Member, 32 SE 2nd Avenue, Suite 408, Delray Beach, FL 33444 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 berein 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.)

Typed or printed name of signee

Debra Silverman

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:

SharpResponse Media L	LC	
If unavailable, the alternate to be used in the	nc state of Florida is:	TO T
2. The name and the Florida street address	of the registered agent and office are:	OF STATE
Debra Silverma	an	DE L
	(Namc)	_
32 SE 2nd Ave	nue, Suite 408	
Florida Street Ac	ddress (P.O. Box NOT ACCEPTABLE)	
Delray Beach	33444 FL	-
	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)

State of New York Department of State } ss:

I hereby certify, that SHARPRESPONSE MEDIA LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/12/2010, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 07th day of November two thousand and fourteen.

Anthony Giardina Executive Deputy Secretary of State

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