# M1400008398

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRE IARY OF STATE
HATLAHASSEE, FLORIDA

E Street 4101 5 0 5014

#### **COVER LETTER**

TO:		ration Section n of Corporatio	ns					
SUBJE	K	OR Ent	ertainme	nt G	roup			
			Name	of Limited	Liability Company	,		<del></del>
							ansact Business in Floriory company to transact b	
Please	return all	correspondence	concerning this ma	tter to the	following:			
		Jonatha	an Korb					
				Na	me of Person			<del></del>
		KOR E	ntertainn	nent	Group			
				Fir	m/Company			<u> </u>
		7050 W	est Palme	etto P	ark Road	Suit	e 15-649	
					Address	<del></del>	***	<del>_</del>
		Boca R	aton, Flo	orida	33433			
		<del> </del>	1 1 4	City/Sta	ite and Zip Code			<del></del>
					,			<u>.</u>
					for future annual re	port notifi	cation)	>
For fun	ther infor	mation concernir	ng this matter, pleas	e cali:				
	Jor	nathan k	Corb		_ <sub>at (</sub> 561	<sub>3</sub> 316	5-7596	
		Name	of Contact Person		Area Code	Da	aytime Telephone Number	
		ING ADDRESS: on of Corporation			T ADDRESS: of Corporations			
	Registr	ation Section	3		tion Section			
		ox 6327		Clifton I	•	1.		
	i allaha	issee, FL 32314			ecutive Center Ci see, FL 32301	rcie		
Enclo			following amou	nt:				
	\$125	5.00 Filing Fee	□ \$130.00 Filing Certificate of		□ \$155.00 Filir Certified Co		□ \$160.00 Filing Fee of Status & Certif	



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2014

JONATHAN KORB 7050 WEST PALMETTO PARK ROAD STE 15-649 BOCA RATON, FL 33433

SUBJECT: KOR ENTERTAINMENT GROUP LLC

Ref. Number: W14000065057

We have received your document for KOR ENTERTAINMENT GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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.

Tim Burch Regulatory Specialist II

Letter Number: 414A00022911

### 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:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company)	ompany," "L.L.C.," or "LLC.	")	_
If name unavailable, enter alternate name adopted for the purpose of transacting business in Flo Liability Company," "L.L.C," or "LLC.")	orida. The alternate name mu	st include "l	 Limited
Delaware 3 46-3586	096		
company is organized)	El number, if applicable)		
N/A	· <del></del>		
(Date first transacted business in Florida, if prior to regist (See sections 605.0904 & 605.0905, F.S. to determine penal	- II	<u>8</u> ₹	FOR EXPENSE
7050 West Palmetto Park Rd Suite 1	5-649	NOV	
Boca Raton, FL 33433	SSEE	20 1	
7050 West Palmetto Park Rd Suite 15	5-649	7 K	D
Boca Raton, FL 33433	5	3	
(Mailing Address)			
7. Tihe name, title or capacity and address of the person(s) who has/hav	e authority to manage	is/are:	
<del>Managing Partner</del>			<u> </u>
President / 7050 West Palmetto Par R	D Suite 15	649	
BOCA RATON, FL 33433, JONATHAN	KORB		<del></del>
Attached is antoriginal certificate of existence, no more than 90 days:	old, duly authenticated	by the o	official
aving custody of records in the jurisdiction under the law of which it is cceptable. If the certificate is in a foreign language, a translation of the			
nust 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.)

Jonathan Korb

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.

	f the Limited Liability tertainment	• •		<u>.                                    </u>
If unavailable,	the alternate to be used	d in the state of Florida is:		
2. The name a	nd the Florida street ad	Idress of the registered agent and office are:	TALL.	<del>-</del>
	Jonathan K	Corb	14 NOV 20	7
		(Name)	20 SSEE	-
	7050 West Palmetto Park Rd Suite 15-649			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Boca Raton	33433 FL	× or	
		City/State/Zip	<del></del>	

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.

\$ 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 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "KOR ENTERTAINMENT 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 FOURTH DAY OF NOVEMBER, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KOR ENTERTAINMENT GROUP LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 2013.

5385923 8300

141368485

AUTHENTICXTION: 1834045

DATE: 11-04-14