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| uestor's Name) | | | | | |
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| (Address) | | | | | |
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| ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certificates | of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
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T. BROWN

FLORIDA FILING & SEARCH SERVICES, INC.

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NAME:

UNI-LABS, LLC

TYPE OF FILING: APPLICATION

COST:

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RETURN: PLAIN COPY PLEASE

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AUTHORIZATION:

ABBIE/PA

COVER LETTER

| TO: | Registration Section | | | | | |
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| | Division of Corporations | | | | | |
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SIRIECT. Uni-Labs, 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:

Alice Y. Ohashi, Sr. Paralegal Name of Person O'Melveny & Myers LLP Firm/Company 1999 Avenue of the Stars, Suite 700 Address Los Angeles, CA 90067 City/State and Zip Code JGrant@univision.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alice Ohashi
Name of Contact Person
Area Code
Davtime Telephone Number

MAILING ADDRESS: Division of Corporations Registration Section

Tallahassee, FL 32314

P.O. Box 6327

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate 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:

| 1. Uni-Labs, 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.") |
| _{2.} Delaware |
| (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) |
| 4 |
| (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) |
| 5. 605 Third Ave., 12th Floor, New York, NY 10158 |
| 2000 |
| (Street Address of Principal Office) |
| 6. 605 Third Ave., 12th Floor, New York, NY 10158 |
| PAINT 25 |
| (Mailing Address) |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: |
| Univision Interactive Media, Inc., Member |
| 605 Third Ave., 12th Floor, New York, NY 10158 |
| |
| 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 herein are true, 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.) |

Jay R. Grant, Asst. Secretary of Univision Interactive Media, Inc., Member

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 Uni-Labs | the Limited Liabilit LLC | y Company is: | |
|-------------------------|--------------------------|---|---------------|
| If unavailable, t | he alternate to be us | ed in the state of Florida is: | 14 NOV 2 |
| 2. The name ar | nd the Florida street | address of the registered agent and office are: | PH 2: |
| • | CT Corpora | ation System | 2: 25 ONLI |
| | | (Name) | |
| | 1200 South | n Pine Island Road | |
| | Florida | Street Address (P.O. Box NOT ACCEPTABLE) | |
| | Plantation | _{FL} 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.

> By: (Signature) \$ 100.00 Filing Fee for Application **Designation of Registered Agent** 25.00 30.00 Certified Copy (optional) Certificate of Status (optional)

5.00

C & Corporation System

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "UNI-LABS, 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 TWENTIETH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNI-LABS, LLC" WAS FORMED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2014.

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

5643291 8300

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DATE: 11-20-14

Jeffrey W. Buillock, Secretary of State
AUTHENTY CATION: 1884179

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