# M14000009002

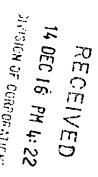
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
SECRETARY OF STATE



DEC 17 2014 T CLINE

ACCOUNT NO. : I2000000195					
REFERENCE : 423168 4306704					
AUTHORIZATION: Spullelenan					
COST LIMIT : \$ 125.00					
ORDER DATE : December 16, 2014					
ORDER TIME : 2:49 PM	nico 🖼				
ORDER NO. : 423168-005	THE THE				
CUSTOMER NO: 4306704					
FOREIGN FILINGS  NAME: STARZ HOLDINGS, LLC	20 CO				
XXXX QUALIFICATION (TYPE: LL)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Courtney Williams EXT# 62935					
EXAMINER.					

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

The second secon

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF ELORIDA:

Starz Holdings, LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI	.C.")	<del></del>
name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name ability Company," "L.L.C," or "LLC.")	:ر) حز	Limited
Delaware	77 CO	된 된
Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	<u> </u>	- <del>(1)</del>
Company is organized)  Upon qualification		16
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	-11-11	受
1590 NW 27th Ave Ste 2		မှာ သ
Pompano Beach FL 33069	·>+,	62
(Street Address of Principal Office)		
1590 NW 27th Ave Ste 2		
Pompano Beach FL 33069		<del></del>
(Mailing Address)	<del></del>	<del></del>
The name, title or capacity and address of the person(s) who has/have authority to manageffrey Cohen, Managing Member 1590 NW 27th Ave Ste 2,Pompano Beach, FL 3	_	<del></del>
Attached is an original certificate of existence, no more than 90 days old, duly authenticate ving custody of records in the jurisdiction under the law of which it is organized. (A photoceptable. If the certificate is in a foreign language, parameters of the certificate under out ust be submitted)	copy is no	t
Agenture of an authorized person accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that it aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for	ne facts stated h in s.817.155, F.	erein are true. S.)
Jeffrey Cohen, Managing 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.

of the Limited Liability C	ompany is:		
LLC		Z.	7167
the alternate to be used i	n the state of Florida is:	AID SSEC	
and the Florida street add	ress of the registered agent and office are:		F. 98
Corporation Service Con	npany		
	(Name)	_	
1201 Hays Street			
Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	-	
Tallahassee	32301 FL		
	City/State/Zip	_	
	the alternate to be used in the Florida street additional Corporation Service Corporation Street  1201 Hays Street  Florida Street	the alternate to be used in the state of Florida is:  and the Florida street address of the registered agent and office are:  Corporation Service Company  (Name)  1201 Hays Street  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Tallahassee  FL  32301	the alternate to be used in the state of Florida is:  the alternate to be used in the state of Florida is:  the alternate to be used in the state of Florida is:  the alternate to be used in the state of Florida is:  The state

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.

Corporation Service Company	0
By: Corporation Service Company	Courtney Williams
By:	Asst. Vice President
(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

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#### The First State

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

DELAWARE, DO HEREBY CERTIFY "STARZ HOLDINGS, 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 SIXTEENTH DAY OF DECEMBER, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STARZ HOLDINGS, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2014.

5647106 8300

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Jeffrey W Bullock, Secretary of State

AUTHENTYCATION: 1963480

DATE: 12-16-14

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