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Division of or dictions

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Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations Fax Number : (850)617-6383 OUT From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368 A*Enterthe email address for this business entity to be used for future Parameter and Parameter address please.** Email Address:			To:					
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Foreign Limited Liability Company OPV Communications, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help T. Busch JAN 3 Q 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OPV COMMUNICATIONS, LLC Name of Limited Liability Company
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:
GIANCARIOS FACCIUTO Name of Person
Name of Person
OPV COMMUNICATIONS, LLC
Firm/Company
12605 NW 115Th AVE, SUITE 1013
Address
Med Ley FL 33178 City/State and Zip Code
/ City/State and Zip Code
gfaccivio@dela hoyaTv.com
E-mail andress: (to be used for future annual report notification)
For further information concerning this matter, please call:
C-MANCARLOS FACILIO al 813, 928 2634
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:
S \$125.00 Filing Fee S \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate 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 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

me unavailable, enter alternate name ado ity Company," "L.L.C." or "LLC.")	pted for the purpose of transacting business in Florida. The	
lawase	_{3.} 47-223	554/
risdiction under the law of which foreign	limited liability (FEI number	r, if applicable)
	N/A	
12605 NW,	st transacted business in Florida, if prior to regismation.) is 605.0904 & 605.0905, F.S. to determine penalty liability; 115th Ave., Suite 10113	SE TALL
Medie	y, FL 33178	ORE:
· · · · · · · · · · · · · · · · · · ·	(Street Address of Principal Office)	29 \$88
	Same	
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The name, title or capacity and	(Mailing Address) address of the person(s) who has/have autho	STATE STATE
Victor Hugo Mor	address of the person(s) who has/have author	rity to manage is/are:
Victor Hugo Mor 12605 NW, 115th stached is an original certificate ing custody of records in the jumptable. If the certificate is in a	address of the person(s) who has/have authoritero, Manager	rity to manage is/are: ey, FL 33178 y authenticated by the officed. (A photocopy is not
Victor Hugo Mor 12605 NW, 115th ttached is an original certificate of custody of records in the jun	address of the person(s) who has/have authoritero, Manager Ave., Suite 10113, Medle e of existence, no more than 90 days old, duly isdiction under the law of which it is organize	rity to manage is/are: ey, FL 33178 y authenticated by the officed. (A photocopy is not

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 the Limited Liabilit	y Company is:		
OPV COMMUN	TCATIONS, LLC			
If unavailable, the alternate to be used in the state of Florida is:				л Z
2. The name	and the Florida street :	address of the registered agent and office are:	SSEE, F	O Promi
	C T Corporation Syste	m ·	101 11S 14:	
		(Name)	STATE LORIDA	
	1200 South Pine Island	i 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.

Jenifer Vincent

Vice President & Assistant Secretary

(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

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPV COMMUNICATIONS, 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 TWENTY-SEVENTH DAY OF JANUARY, A.D. 2015.

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

5630411 8300

AUTRENTY CATION: 2072685

DATE: 01-27-15