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To:

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

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

## Foreign Limited Liability Company LIQUIDSTAR MEDIA, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 05       |
| Estimated Charge      | \$125.00 |

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FEB 27 2015 Help J. HARRIS

#### **COVER LETTER**

|               | sistration Section.                       |  |                                       |                 |   |   |
|---------------|---|--|---------------------------------------|-----------------|---|---|
| SIIB IECT.    | LiquidStar Media, LL                      |  |                                       |                 |   |   |
| SUBJECT.      |   | Name of Limite                                   | d Linbility Company                   |                 |   |   |
|               |   |  |                                       |                 | nsact Business in Florida," Certific<br>company to transact business in F |   |
| Please return | all correspondence cor                    | cerning this matter to the                       | following:                            |                 |   |   |
|               | Abby Schepens                             |  |                                       |                 |   |   |
|               |   | Ni   | ame of Person                         |                 |   |   |
|               | CT Corporation                            |  |                                       |                 |   |   |
|               | ·   | Fi   | пі√Сотралу                            |                 |   |   |
|               | 2875 Michelle Dr.                         | , Suite 100                                      |                                       |                 |   |   |
|               |   |  | Address                               |                 |   |   |
|               | Irvine, CA 92606                          |  |                                       |                 | •   |   |
|               |   | City/S   | tate and Zip Code                     |                 |   |   |
|               |   | E-mail address: (to be used                      | for tidure convol re                  | nor notific     | allon)  |   |
| For further i | nformation concerning (                   |  | a tot totale winds te                 | port monne      |   |   |
| Δh            | oby Schepens                              |  | QAD                                   | 055_05          | 05  |   |
|               |   | Contact Person                                   | Area Code                             | Da <sub>2</sub> | 85<br>ytime Telephone Number  |   |
|               | AILING ADDRESS:                           |  | ET ADDRESS:                           |                 |   |   |
|               | vision of Corporations gistration Section |  | n of Corporations ation Section       |                 |   |   |
| -             | ), Box 6327                               |  | Building                              |                 |   |   |
| Tai           | lahassee, FL 32314                        | <b>266</b> 1 E                                   | xecutive Center Cir<br>ssec, FL 32301 | rcle            |   |   |
| Enclosed i    | is a check for the fol                    | lowing amount:                                   |                                       |                 |   |   |
|               |   | ☐ \$130.00 Filing Fee &<br>Certificate of Status | ☐ \$155.00 Fifin<br>Certified Co      |                 | ☐ \$160.00 Filing Fee, Certificat of Status & Certified Copy              | е |

## 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. LiquidStar 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 milliability Company," "L.L.C," or "LL.C.")   | ust include '                    | "Limited                    |
| 2. Delaware 3.  |                                  |                             |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)  | SE                               | 2015                        |
| 4(Date first transacted business in Florida, if prior to registration.)   | <u> 구중</u>                       | TE8                         |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  | A A                              |                             |
| s. 382 NE 191st ST #81092   | SSE                              | <u> </u>                    |
| Miami, FL 33179   | _E.F.                            | 26 AH (                     |
| (Street Address of Principal Office)  6. 382 NE 191st ST #81092   | TATE                             | 18: 06                      |
| Miami, FL 33179   | ٧٢                               |                             |
| (Mailing Address)   | ·                                |                             |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manag   | e is/are:                        |                             |
| Robert Murkofsky, Manager   |                                  | _                           |
| 382 NE 191st ST #81092  |                                  |                             |
| Miami, FL 33179   |                                  |                             |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticate having custody of records in the jurisdiction under the law of which it is organized. (A photo acceptable. If the certificate is in a foreign language, a translation of the certificate under oath must be submitted)     | copy is n                        | ot                          |
| 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 am aware that any fulse information submitted in a document to the Department of State constitutes a third degree felony as provided for it | e facts stated<br>n s.817.155, i | herein are true. I<br>F.S.) |
| Linda L. Goodman, Organizer   |                                  |                             |

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.

| If unavailable, the | ne alternate to be used in                       | the state of Florida is:                   |             |          |
|---------------------|--|--|-------------|----------|
| 2. The name an      | d the Florida street addre                       | ss of the registered agent and office are: | <del></del> |          |
|                     | NRAI Services, Inc.                              | <u>.</u>                                   | SEC         | 2015 FEB |
|                     |  | (Namo)                                     | - AFR       | 83.      |
|                     | 1200 South F                                     | Pine Island Road                           | CRETARY     | 26       |
|                     | Florida Street Address (P.O. Box NOT ACCEPTABLE) |  | - EE.F      | A        |
|                     |  |  |             |          |
|                     | Plantation                                       | 33324                                      | STATE       | ά        |

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

(Signature)

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

DACE :

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LIQUIDSTAR MEDIA, 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-FIFTR DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIQUIDSTAR MEDIA, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2013.

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

5295362 8300

150265615

You may verify this curtificate online at corp. delaware.gov/authvor.shtml

AUTHENTICATION: 2150120

DATE: 02-25-15