# M1500001981

| (Re                     | equestor's Name)   |             |
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| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2015

HEATHER K. MARGOLIS 1831 NORWOOD AVENUE BOULDER, CO 80304

SUBJECT: CHANNEL MAVEN CONSULTING LLC

Ref. Number: W15000011307

We have received your document for CHANNEL MAVEN CONSULTING 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):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 115A00003223

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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

## Channel Maven Consulting 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:

| Heather K. Margolis  |
|--|
| Name of Person   |
| Channel Maven Consulting LLC                                       |
| Firm/Company   |
| 1831 Norwood Avenue  |
| Address  |
| Boulder, CO 80304  |
| City/State and Zip Code  |
| Heather@channelmavenconsulting.com                                 |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

| Lisa Deisor  | 1   | <sub>at</sub> 303   | 601-9499            | <u> </u> | 200               | •   |
|--|---|---|---------------------|----------|-------------------|-----|
| Name of  | Contact Person                                | Area Code   | Daytime Telephone N | lumber   | - H               | -   |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 | Divisi<br>Regist<br>Clifto                    | CET ADDRESS:<br>on of Corporations<br>tration Section<br>n Building |                     | MSSEE FL | P -3              |     |
| Tallahassee, FL 32314  |   | Executive Center Circinassee, FL 32301                              | le                  |          | 5: 3 <sub>1</sub> | 100 |
| Enclosed is a check for the fo   | ollowing amount:                              |   |                     |          |                   |     |
| ■ \$125.00 Filing Fee  | □ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing<br>Certified Copy                                 |                     | _        |                   | ate |

## 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:

| FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BU<br>1. Channel Maven Consulting LLC   | ISINESS IN THE STATE OF FLORIDA:   |
|---|--|
| (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 transl<br>Liability Company," "L.L.C." or "LLC.")   | acting business in Florida. The alternate name must include "Limited                   |
|   | 27-4821787   |
| (Jurisdiction under the law of which foreign limited liability company is organized)  | (FEI number, if applicable)  |
| 4. August 18, 2014  |  |
| (Date first transacted business in Floi<br>(See sections 605.0904 & 605.0905, F.S.  | rida, if prior to registration.)<br>S. to determine penalty liability)                 |
| 5. Semente de la constante de | 1930 B Central Avenue  |
| (Street Address of  | Boulder W 80301  |
| 6. ESEENGEWOODSANGES  | 1930 B Central Avenue  |
| GOLIGO CONTROL (Mailing A   | Boulder CO 80301   |
|   |  |
| <ol> <li>The name, title or capacity and address of the person<br/>Heather K. Margolis, President</li> </ol>  | · · · · · · · · · · · · · · · · · · ·  |
| 183 ENGWOOD AVERUE  | 1930 B Central Avenue  |
| Boulder, 60-80304   | Boulder Co 80301 3   |
| 8. Attached is an original certificate of existence, no mor   | e than 90 days old, duly outhenticated by the official                                 |
| having custody of records in the jurisdiction under the la  |  |
| acceptable. If the certificate is in a foreign language, a tra  |  |
| nust be submitted)  |  |
| Healler RMax  | golis  |
| In accordance with section 605.0203, F.S., the execution of this document constitution aware that any false information submitted in a document to the Department of S  | es an affirmation under the penalties of perjury that the facts stated herein are true |
| Heather K. Margol   |  |

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, | he alternate to be used in the state of Florida is:                                   |   |          |                     |
|-------------------|---|---|----------|---------------------|
| Age - Sparing     |   | ***                                       | ~ ·v     |                     |
| 2. The name at    | nd the Florida street address of the registered agent and office are:                 |   |          |                     |
|                   | JENNIFER REED   | λ   | 2815     |                     |
|                   | 4951 80TH AVE CIRE  | 在21.12.12.12.12.12.12.12.12.12.12.12.12.1 | HAR -    | Sun<br>Gara<br>Casa |
|                   | Florida Street Address (P.O. Box NOT ACCEPTABLE)  SARASOTA:  FL 34243  City/State/Zip | 8013 338<br>408 30 AN                     | 3 PM 5:3 | Section 1           |

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.

(9ignuture

5.00

S 100.00 Filing Fee for Application S 25.00 Designation of Registered Agent S 30.00 Certified Copy (optional)

Certificate of Status (optional)

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

#### Channel Maven Consulting, LLC

is a **Limited Liability Company** formed or registered on 02/03/2011 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20111073749.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/30/2015 that have been posted, and by documents delivered to this office electronically through 02/02/2015 @ 11:25:41.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 02/02/2015 @ 11:25:41 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9081343.



Wagne W. Williams

Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*End of Certificate\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site. <a href="http://www.sos.state.co.us/biz/CertificateSearchCriteria.do">http://www.sos.state.co.us/biz/CertificateSearchCriteria.do</a> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. <a href="Confirming the issuance of a certificate">Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site. <a href="http://www.sos.state.co.us/click Business">http://www.sos.state.co.us/click Business</a> Center and select "Frequently Asked Questions."