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DATE:

5/28/15

NAME:

STUDIO PRP, LLC

TYPE OF FILING: APPICATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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COVER LETTER

	Studio PRP, LLC	
Nam	e of Limited Liability Company	
tion by Foreign Limited Liab re submitted to register the a	ility Company for Authorization to nove referenced foreign limited lia	Transact Business in Florida," Certificate billity company to transact business in Florid
spondence concerning this ma	tter to the following:	
	Nume of Person	
Capit		ilings Team
	PittivCompany	
	800 Brazos Ste 400)
	Address	
	Austin TX 78701	
	City/State and Zip Code	
da	n.deneui@3dconsultingi	nc.com
	·	otification)
i concerning this matter, plea	se call:	
Geneva Harrison	atr 800 \ 34	5-4647
Name of Contact Person	Area Code	Daytime Telephone Number
orporations Section 7	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	capite Capite Capite Cancerning this mater, please concerning this mater.	Name of Limited Liability Company Intion by Foreign Limited Liability Company for Authorization to are submitted to register the above referenced foreign limited lia Important to the following: Name of Person

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. Studio PRP, 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 3. 47-3910548
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. None prior to registration (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905 F.S. to determine negative liability)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5 2300 Glades Road, Suite 260W, Boca Raton, Florida 33431
(Street Address of Principal Office)
(Street Address of Principal Office)
6. 2300 Glades Road, Suite 260W, Boca Raton, Florida 33431
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Daniel DeNeui - Manager - 4605 Bowman Drive, Colleyville, Texas 76034
Lisbeth Roy, D.O., P.A Manager - 2300 Glades Road, Ste 260W, Boca Raton, FL 334
Jill Swartz - Manager - 2300 Glades Road, Ste 260W, Boca Raton, FL 33431
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. I 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.)
Daniel DeNeui
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 the Limited Liability Company is:	
Studio PRP, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	SEX TALL
Capitol Corporate Services, Inc. (Name)	MAY 28 LAHASSE
155 Office Plaza Dr. Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE)	OF STATE, FLORE
Tallahassee FL 32301	Dri -

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.

City/State/Zip

Cayle Windle, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

\$ 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 "STUDIO PRP, 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-EIGHTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STUDIO PRP, LLC" WAS FORMED ON THE FOURTEENTH DAY OF APRIL, A.D. 2015.

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

5728175 8300

150796379

DATE: 05-28-15

AUTHENTY CATION: 2414537