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PICK-UP	☐ WAIT	MAIL
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PM 2: 38

FILE U



CT Corporation

515 East Park Avenue Tallahassee, FL 32301 850 558 1930 tel 855 637 1628 fax www.ctcorporation.com

June 5, 2015

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9576879 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Great Isabel Island Media II, LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

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

name unavailable, enter aliemate name adopted for the purpose of transpacing business in Florida. The alignate harms must include "Umiled Deliavare" 3: (PBI number, 1f applicable) (Date Erist transected business in Florida, 1f prior to registration.) (See sections 603,0004 & 605,0005, P.S., to determine penalty liability) 1900 Glades Roud. Suite 435 Book Raton, FL 33431 (Street.Address of Principal Office) Name: (Clive Kabatznik 1900 Glades Road, Suite 435 Book Raton Name: (Clive Kabatznik 1900 Glades Road, Suite 435 Book Raton (Cliv) (Cliv) (Cliv) (Clip) (Cliv) (Clip) (Clip) (Clip) (Clip) (Clip) (Registered agent's acceptance: via probatulate relative to the proper and complete period of my duties, and f am familiar, with and accept to ability in this provisions of nils statutes relative to the proper and complete period of my duties, and f am familiar, with and accept obligations of my position as registered agent and agree to act in this capacity. I further agree to comply in this provisions of all statutes relative to the proper and complete period of my duties, and f am familiar, with and accept obligations of my position as registered agent and agree to act in this capacity. I further agree to comply in this provision of all statutes relative to the proper and complete period agent period of my duties, and f am familiar, with and accept to ability and the provision of my position as registered agent and agree to act in this capacity. I further agree to complete the second agent of the position as registered agent and agree to act in this capacity. I further agree to complete the second agent of the position as registered agent and agree to act in this capacity. I further agree to complete the second agent agent and agree to act in this capacity. I further agree to complete the second agent agent agent agent and agree to act in this capacity. I further agree to complete the second agent ag		ign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	.C.\\)
(Chip Bris transacted business in Florida, It print to registration.) (See sections 605.0904 & 695.0905, F.S. to determible penalty liability) 1900 Glades Road, Suite 435 Boca Raton, FL 33431 (Street Address of Principal Office) (Sizest Address of Principal Office) (Sizest Address of Principal Office) (Mailing Address) Name and sizest address of Florida registered agent: (P.O. Box. NOT acceptable) Name: Office Address: Boca Raton (City Kabatznik Doffice Address: Boca Raton (City) (C	dellisi Componie 241 1 C.	ernate name adopted for the purpose of transacting business in Florida. The alternate name i	nusi include "Limited
1900 Glades Road, Suite 435	combany is organized) furisdiction under the law	of which foreign limited liability (FEI number, if applicable)	
1900 Glades Road, Suite 435		<u></u>	
(Street Address of Principal Office) Boca Raton, FL 33431 (Mailing Address) Name and sirvet address of Florida registored eigent: (P.O. Box. NOT acceptable) Name: Office Address: 1900 Glades Road, Suite 435 Boca Raton (City) (City) (City) (City) In place of process for the above stated designated in the place designated in the provisions of all statutas relative to the proper and complete performance of my duties, and from familiar with and accept to abligations of my position as registered agent. (Registered agent's eignature) (Registered agent's eignature) The name, title or capacity and address of the person(s) who has/have authority to mainage is/arc: ive Kabatznik, 1900 Glades Road, Suite 435, Boca Raton, FL 33431 Manager Attached is a certificate of existence, no more than 90 days old, duty authenticated by the official having custody of records in the inspiration under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath the translator must be submitted) Signature of the designation of this document constitutes an affirmation under the penalities of perium; that a facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a the gree felony as provided for in x 817.155, F.S.)	1900 Glades Roud, Su		
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Name: Office Address: Boca Raton (City) (C	Name and street address	e of Florida registered agent: (P.O. Roy, NOT accentable)	
Office Address: Bace Raton (City) (* * * * * * * * * * * * * * * * * * * *	•
Bose Raton (City) (Authorise of my dutter, and I amended the infamiliar with and accept. (Registered agent's eignature) (Registered agent's eignat	Name:	1900 Glodes Road Suite 435	· - · · · ·
relistered agent's acceptance; reling been named as registered agent and to accept service of process for the above stated encoration at the place designated in the production. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to couply the the provisions of all statutes relative to the proper and complete performance of my duttles, and I am familiar with and accept, a obligations of my position as registered agent. (Registered agent's eignature). The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: five Kabatznik, 1900 Glades Road, Suite 435, Boca Raton, FL 33431 Manager Attached is a certificate of existence, no more than 90 days old, duty authenticated by the official having custody of records in the risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath the translator must be submitted) Signature of an authorized terson. Accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that a facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a the gree felony as provided for in x.817,155, F.S.)	Office Address:		, 4 1. 7
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GREAT ISABEL ISLAND MEDIA II, 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 FOURTH DAY OF JUNE, A.D. 2015.

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

5756573 8300

150881574

You may verify this certificate onlin at corp.delaware.gov/authver.shtml Jeffrey W. Bullock, Secretary of Sta

DATE: 06-04-15