**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JOSE PEREZ Account Number : I20130000083 : (305)436-0093

Fax Number : (305)436-0094

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

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			1			

## Foreign Limited Liability Company DARCYL MEDIA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

JUL 23 2015

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Electronic Filing Menu

Corporate Filing Menu

Help

TO: Regi: Divis	tration Section				
	ion of Corporations				
SUBJECT:	DARCYL MEDIA LLC				
	Name of Limited Liability Company				
The enclosed '	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certification check are submitted to register the above referenced foreign limited liability company to transact business in Florida.				
	Il correspondence concerning this matter to the following:				
r rease retains					
JOSE PEREZ					
	Name of Person				
JP GLOBAL BUSINESS SOLUTIONS INC.					
	Firm/Company				
1395 BRICKELL AVE STE 800					
	Address				
	MIAMI, FI. 33131				
City/State and Zip Code					
master@jpgbusiness.com					
	E-mail address: (to be used for future annual report notification)				
	•				
For further info	rmation concerning this matter, please call:				
For further info	•				

Registration Section P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$\frac{1}{2}\$\$ \$125.00 Filing Fee \$\Pi\$ \$130.00 Filing Fee \$\pi\$

Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

12:22

TO:18506176383 FROM:7862171243

Page:

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

,		DARCYL MEDIA LLO	2				
(Name of Foreig	gn Limited Liability Com	ipany; must include "Limit	ed Liability Compar	ny," "L.L.C.," or '	LLC.")		
(If name unavailable, enter alte Liability Company," "L.L.C," of		he purpose of transacting l	ousiness in Florida.	The alternate name	e must include	"Limited	
DELAWA			47-4	585491			
(Jurisdiction under the law of company is organized)		ability 3.		per, if applicable)		***************************************	
ł	(Date first transac (See sections 605.09	ted business in Florida, if 04 & 605.0905, F.S. to de	prior to registration. termine penalty liab	) ility)	-		
5	990 BIS	SCAYNE BLVD STE 60	)1		_		
	M	IAMI, FL 33132					
	(Street A	ddress of Principal Office)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	•		
·							
		AS PRINCIPAL ADD	RESS				
		(Mailing Address)			-		
. Name and street address	of Florida registered a	gent: (P.O. Box NOT	acceptable)		*** 4		
Name:	JP GLOBAL BUS	INESS SOLUTIONS I	NC.			2015	
Office Address:	1395 BRICK	ELL AVE STE 800	· · · · · · · · · · · · · · · · · · ·		至	2015 JUL	-
		MIAMI	, Florida	33131 (Zip code)	EASSE ASSE	L 22	erandakinga El-likandaki
- legistered agent's accepta		(City)		(Zip code)	Lil≪	· · ·	1 [7]
Having been named as reginities application, I hereby a with the provisions of all state obligations of my positions.	istered agent and to a ccept the appointment atutes relative to the p	t as registered agent and proper and complete/pe	d agree to act in th	his capacity. I f	urthet agree	in compl	d in '
_		(Registered agent's sign	nature)		-		
8. The name, title or capac	ity and address of the	nerson(s) who has/have	authority to manas	ee is/are:			
SEBASTIAN SORSTAYN	•	•					
<ol> <li>Attached is a certificate o urisdiction under the law of of the translator must be sub</li> </ol>	f which it is organized.	han 90 days old, duly au. (If the certificate is in a	foreign language,	official having o	custody of rec	ords in the under o	ic ath
_		Signature of an authoric	l person J				
this document is executed in a document to t	the Department of Stat	e constitutes a third degr	ree felony as provi	n aware that any ded for in s.817.	false informa 155, F.S.	tion	
	ern	ASTIAN SORSTAYN	MARCVI				

Typed or printed name of signee

4

State of Delaware Secretary of State Division of Corporations Delivered 01:20 PM 07/20/2015 FILED 12:43 PM 07/20/2015 SRV 151068529 - 5787815 FILE

## CERTIFICATE OF FORMATION OF DARCYL MEDIA LLC

The undersigned, being an authorized person for purposes of executing this Certificate of Formation on behalf of DARCYL MEDIA LLC, a Delaware Limited Liability Company (the "L.L.C."), desiring to comply with the requirements of 6 <u>Del.C.</u> Section 18-201 and the other provisions of the Delaware Limited Liability Company Act, 6 <u>Del.C.</u> Section 18-101, <u>et seq.</u> (the "Act"), hereby certifies as follows:

- 1. Name of the L.L.C. The name of the L.L.C. is: DARCYL MEDIA LLC.
- 2. Registered Office and Registered Agent of the L.L.C. The name of the registered agent for service of process on the L.L.C. in the State of Delaware is Agents and Corporations, Inc. The address of the registered agent of the L.L.C. and the address of the registered office of the L.L.C. in the State of Delaware is 1201 Orange Street, Suite 600, Wilmington, DE 19801.
- 3. <u>Date of Formation and Effective Date</u> The date of formation and the effective date of the L.L.C. shall be the date of filing of this Certificate of Formation with the Secretary of State of the State of Delaware.

IN WITNESS WHEREOF, the undersigned hereby executes this Certificate of Formation in accordance with the provisions of 6 <u>Del.C.</u> Section 18-201 on July 20, 2015.

John Williams

(Authorized Person)