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3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 Toll Free: 844-541-6792

DATE: 1-27-16 (WA	ALK IN
ENTITY NAME: Skypath Media LLC	
<u> </u>	
PLEASE FILE THE ATTACHED AND RETURN:	
Plain Copy	
Certified Copy	
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE EN	 ITITY:
Document Number:	,
Certified Copy of Arts & Amendments	
Certificate of Good Standing	
APOSTILLE'/NOTARIAL CERTIFICATION:	
COUNTRY OF DESTINATION	
NUMBER OF CERTIFICATES REQUESTED	
A S	20
TOTAL AMOUNT OWED: 1250	JA TI
CHECK NUMBER: 2231	2
PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION	ONTHIS
MATTER.	
Thank you!	5 q
Tina Goff, President	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Skypath Media LLC

(Name of Fore	ign Limited Liability Com	ipany; must include "Lii	mited Liability Company," "L.L.C.," o	or "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,		he purpose of transacting	g business in Florida. The alternate na	ame must include "Limited
2. Delaware		3.		
(Jurisdiction under the law company is organized)	of which foreign limited li	ability	(FEI number, if applicable	e)
4				
	(Date first transac (See sections 605.09	ted business in Florida, 104 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)	
5				
	323 Seabreeze Ave. Pa	alm Beach, Florida 3	3480	
	(Street A	ddress of Principal Offic	ce)	
6				
		Same as above		
		(Mailing Address)		_
7. Name and street addres	s of Florida registered a	igent: (P.O. Box <u>NO</u>	OT acceptable)	
Name:	NRAI Services, Inc.		-	
Office Address:	1200 South Pine Islan	d Road		
	Plantation		Florida 33324	٠
Registered agent's accep		(City)	, Florida 33324 (Zip code)	
designated in this applica to complywith the provisi accept the obligations of i	tion, I hereby accept th ons of all statutes relati	e appointment as reg ive to the proper and ed agent.	ess for the above stated limited lia eistered agent and agree to act in complete performance of my dute Carol Berg, Asst. Secretary signature)	this capacity. I further agree
		Registered agent's	signature)	_
-	acity and address of the	person(s) who has/ha	ve authority to manage is/are:	
Reed Frerichs -				20 2
Partner				
323 Seabreeze Ave. Palm	Beach, Florida 33480			
	of which it is organized		authenticated by the official having a foreign language, a translation	
		Signature of an author	ized person	
			, Florida Statutes. I am aware that legree felony as provided for in s.8	
		Typed or printed name	of signee	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SKYPATH 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-SEVENTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKYPATH MEDIA LLC" WAS FORMED ON THE SEVENTH DAY OF JANUARY, A.D. 2016.

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

THE STATE OF THE S

Authentication: 201736357

Date: 01-27-16

5877404 8300 SR# 20160425841