M140000001822

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(8)		
(Cr	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





500278954295

11/10/15--01014--015 **125.00

SESTE APY OF

2016 FEB 26 PM 5: 09

16 FEB 26 PM 1: 08 SEU (LTARY OF STATE TALL AMASSEC, FLORID

Section 1

HARRIE

COVER LETTER

SUBJECT:	NerCo	ections, LLC				
SUBJECT: NexCrecation'S, LLC Name of Limited Liability Company						-
The enclosed "A Existence, and	Application by Forceheck are submitted	eign Limited Liability Comp I to register the above refere	any for Authorizat enced foreign limite	ion to Tra ed liability	nsact Business in Florida, company to transact busi	" Certificate of ness in Florida
Please return al	l correspondence c	oncerning this matter to the	following:			
	John Urban					
	Name of Person					-
	NetCreations, LLC					
	Firm/Company					-
	325 E Warm Springs Rd. Suite 200					
	Address					-
	Las Vegas, NV 89119					
	-	City/Si	tate and Zip Code			.
	john.urban@selli	_				_
		E-mail address: (to be used	I for future annual	report not	ification)	
For further info	rmation concerning	g this matter, please call:				
John (Urban		702 at (853-513)	27 time Telephone Number	_
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
	heck for the follow 15.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Cof Status & Certified Co	

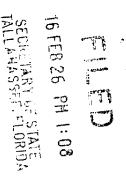


FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2015

JOHN URBAN 125 E WARM SPRINGS RD SUITE 200 LAS VEGAS, NV 89119

SUBJECT: NETCREATIONS, LLC Ref. Number: W15000074745



We have received your document for NETCREATIONS, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

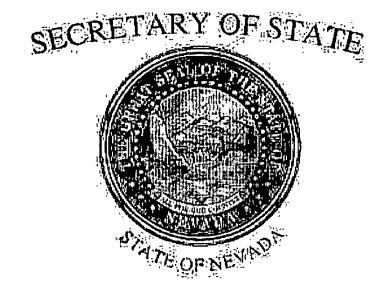
Jenna D Harris Regulatory Specialist II

Letter Number: 015A00024035

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

IN COMPLIANCE WITH SEX. COMPANY TO TRANSACT BU	TION 605.0902, FILORIDA STATUTES, 7 ISINESS INTHE STATE OF FLORIDA:	THE FOLLOWING IS SUBMITTED TO REGISTER A FOL	REIGN LIMITED LIABILITY
NetCreations, LLC			
(Name of For	olgn Limited Liability Company; must	include "Limited Liability Company," "L.L.C.," or "Li	JC.")
(If name unavailable, onter a Liability Company," "L.L.C.	ternate name adopted for the purpose of	of transacting business in Florida. The alternate name n	nust include "Limited
2. Novada	OL HOPPA	3, 27-3633334	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(PEI number, if applicable)	
4			
	(Date that transacted business (See sections 605.0904 & 605.09	In Florida, if prior to registration.) 005, 14.8, to determine penalty Rability)	
5. 1601 NW 136th Street	, Suite A-200		
Sunrise, PL 33323			
(201) 10 (1 0)	(Sitreet Address of Pri	nolphi Office)	
6. 1601 NW 136th Street,	Suite A-200		
Sunriso, FL 33323			
	(Malling Ad	dreas)	44
7. Name and street address	s of Florida registered agent: (P.O	. Box <u>NOT acceptable)</u>	
Name:	NRAI Services, Inc.	The state of the s	
Office Address:	1200 South		
	Plantation	, Florida 33321	;*
Rugistored agent's accep	(City)	(Zip code)	
designated in this applica to complywith the provisi	tion, I hereby accept the appointmons of all statutes relative to the pr my position as registered agent.		apacity. I further agree
9 The name title on some		the has/have authority to manage is/are:	istailt peolesiai j
	, A (
1601 NW 136th Avenue,	, , , , , , , , , , , , , , , , , , ,		-
Sunrise, PL 33323			
	of existence, no more than 90 days of which it is organized (17the cents) shmitted)	on, duly authenticated by the official having our fficate is in a foreign lunguage, a translation of th	tody of records in the ecordificate under onth
	Signature of	an authorized person	
This document is executed submitted in a document to	in accordance with section 605.02.0 the Department of State constitutes. Glenn McKay	03 (1) (b), Fiorida Statutes, 1 am aware that any fa s a third degree felony as provided for in s.817.13	ise information 5, P.S.

Typed or printed numb of signes



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NETCREATIONS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 7, 2010, and is in good standing in this state.

THE COLUMN TO TH

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 4, 2015.

Barbara K. Cegavske

BARBARA K. CEGAVSKE

Secretary of State

Electronic Certificate
Certificate Number: C20151104-1626
You may verify this electronic certificate
online at http://www.nvsos.gov/