Page 1 of 2

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCAU00000023 : (850)205-8842 Fax Number : (850)878-5368

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

Email Address:

## Foreign Limited Liability Company UPR INTERNATIONAL LLC

Certificate of Status	0		
Certified Copy	0		
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Estimated Charge	\$125.00		

Electronic Filing Menu

Corporate Filing Menu

#### COVER LETTER

TO:	Registration Section Division of Corporation	ns			
SURI	UPR INTERNATI				
30101		Name of I	Limited Liability C	Company	
The en	closed "Application by Fonce, and check are submitt	reign Limited Liability Comp ed to register the above refere	any for Authoriza enced foreign limit	tion to Tra ed liability	msact Business in Florida," Certificate of company to transact business in Florida
Please	return all correspondence	concerning this matter to the	following:		
	STEPHANIE	TRILLO			
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	NBCUNIVER	SAL			
Firm/Company					
	100 UNIVER	SAL CITY PLAZA			
	***************************************		Address		
	UNIVERSAL	CITY, CA 91608			
		City/S	tate and Zip Code		
	STEPHANIE.T	RILLO@NBCUNLCOM			
		E-mail address: (to be used	for future annual	report not	ification)
For fu	ther information concerni	ng this matter, please call:			
	GABRIELA KORNZV	/EIG of Contact Person	818 at f	777-86	36
	Name	of Contact Person	Area Code	Юау	time Telephone Number
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	i. S		Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding coutive Conter Circle lee, FL 32301
Enclos	ed is a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

3/29/2016 9:58:36 AM From: To: 8506176383( 3/4 )

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

IN COMPILIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Fore	eign Limited Liability Company; must include "	Limited Hability Company," "L.L.C.," or	"LLC.")		
(If name unavailable, enter at Liability Company," "L.L.C, 2. DELAWARE	Iternate name adopted for the purpose of transac " or "LLC.")	ting business in Florida. The alternate nat	ne must inc	lud <b>e "L</b>	imited
(Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable	)	<del></del>	<del></del>
company is organized)					
4, <u> </u>	(Date first transacted business in Florid (See sections 605,0904 & 605,0905, F.S.)	la, il prior to registration.)	_		
100 UNIVERSAL CIT		to determine penalty liability)			
)·			~-		
UNIVERSAL CITY, C		professor was the first the section in the Wingon gave recovery and the first through a professor in the first through a professor i			
. 00 UNIVERSAL CITY	(Street Address of Principal Of	ffice)	_		
), OU OTH VERGALE CIT I	LILLA		- <u>∑</u> s		
UNIVERSAL CITY, C			- 50	S)	
	(Mailing Address)		盖河	MAR	, ]
. Name and street address	is of Florida registered agent: (P.O. Box $N$	<u>IOT</u> acceptable)	- SS = -	29	Statemen
Name:	C T CORPORATION SYSTEM				्र इंड्रह्मस्
Office Address:	1200 SOUTH PINE ISLAND ROAD			AM IO:	ĝ Ť ↓ Promonj
	PLANTATION	Florida 33324	85		المعيداة
	(City)	Florida 33324 (Zip code)	- <u>9</u> F	фī	
fesignated in this applica o complywith the provisi	gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper ap my position as registered agent	egistered agent and agree to act in th	ils capacity	ı. I fut	rther agre
	(Registered agent's	s signature)	<del></del>		
8. The name, title or capa	icity and address of the person(s) who has/h	nave authority to manage is/are:			
	S, MANAGER - 30 ROCKEFELLER PLA				
ANAND KINI, MANAG	ER - 30 ROCKEFELLER PLAZA, NEW Y	YORK, NY 10112			
Attached is a certificate urisdiction under the law of the translator must be su	of existence, no more than 90 days old, dul of which it is organized. (If the certificate is abmitted)	ly authenticated by the official having son a foreign language, a translation of	custody of the certif	frecord icate u	ds in the Inder oath
	Signature of he without	orized persion			
	I in accordance with section 605.0203 (1) $(k)$ the Department of State constitutes a third				on
	O A BOTTOL A MADAGONICIO				
	GABRIELA KORNZWEIG  Typed or printed numi				

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# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "UPR INTERNATIONAL 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 MARCH, A.D. 2016.

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

16 MAR 29 AM 10: 15

e al coro delaware soviani

Authentication: 2020\$3489

Date: 03-28-16

5985767 8300

SR# 20161918247

You may verify this certificate online at corp.delaware.gov/authver.shtml