(Requestor's Name)							
(Address)							
(Address)							
, , ,							
(City/State/Zip/Phone #)							
(Only) Guide Elph Hollo II)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 163411 4301115

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: June 2, 2016

ORDER TIME : 12:55 PM

ORDER NO. : 163411-005

CUSTOMER NO: 4301115

FOREIGN FILINGS

NAME: D PROMO LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO:

Registration Section

Div	vision of Corporation	ns												
SUBJECT:	D Promo LLC													
		Name of Limited Liability Company												
The enclosed Existence, ar	d "Application by For and check are submitte	reign Limited Liability Comp ed to register the above refero	oany for Authoriza enced foreign limi	ation to Tra ted liabilit	ansact Business in Florida," Cer y company to transact business	tificate of in Florida								
Please return	all correspondence	concerning this matter to the	following:											
			Ben Sapir											
		N	ame of Person											
		D	Promo LLC											
Firm/Company 1444 Biscayne Blvd. #212 Address														
								Miami, Florida 33132						
									City/Si	tate and Zip Code				
		b.sapi	r@zinqmedia.com	n										
		E-mail address: (to be used	l for future annual	report not	ification)									
For further in	nformation concerning	g this matter, please call:												
	Ben Sapi	r, Vice President	201 at (665	-4551									
	Name o	f Contact Person	Area Code	Day	time Telephone Number									
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301									
Enclosed is a □\$	check for the follow 125.00 Filing Fee	ing amount: \$\Bigcup \$\sum \text{\$\sum \text{\$\sin \text{\$\	□ \$155.00 Filin Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	cate								

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

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

1. D Promo LLC				
(Name of Fore	eign Limited Liability Company; must include	"Limited Liability Company," "L.L	C.," or "LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpose of trans	sacting business in Florida. The altern	nate name must include	"Limited
2. Delaware	3	47-5303735		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if app	plicable)	
upon qualification				
1	(Date first transacted business in Flo	rida, if prior to registration.)		
. 1444 Biscavne Blvd	(See sections 605.0904 & 605.0905, F.: #212, Miami, Florida 33132	s. to determine penaity natimy)		
5	The state of the s			
	(Street Address of Principal	Office)		
1444 Biscayne Blvd.	#212, Miami, Florida 33132			
5			(7)	
	(Mailing Address)			7
				Contraction of the Contraction o
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	187 ~	
Name:	Corporation Service Company		<u></u>	m
Office Address:	1201 Hays Street		A II: 40 F STATE	
	Tallahassee	, Florida 32301	TE AGE	
	(City)	(Zip co	ode)	
lesignated in this application of complywith the provision in the complywith the provision in the complywith the provision in the complex and the complex areas are considered.	gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper a my position as registered agent Corporation Service Company	registered agent and agree to ac and complete performance of my	ct in this capacity. I	further agree miliar with ai iams
	(Registered age	nt's signature)	Addit office of the	
8. The name, title or capa	acity and address of the person(s) who has	s/have authority to manage is/are:	:	
Francisus V. Ruhl, Pres	sident and Chief Executive Officer, 1444	Biscayne Blvd. #212, Miami, Fl	orida 33132	
Ben Sapir, Treasurer and	d Secretary, 1444 Biscayne Blvd. #212, N	Miami, Florida 33132		
	of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted)			
	Signature of an aut	horized person		
	in accordance with section 605.0203 (1) the Department of State constitutes a thin Ben Sapir			ntion
	Typed or printed na	nic of signee		

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "D PROMO 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 SECOND DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "D PROMO LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2016.

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

Authentication: 202419949

Date: 06-02-16