MICOODLOOK

(Re	equestor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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M4-48526	2821	
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Office Use Only



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TALLAHASSEE, FLORIDA

JUL 2 7 2016 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 13, 2016

ALEXIS KLEMISH DIGITAL MEDIA SOLUTIONS LLC 28100 US HIGHWAY 19N STE 204 CLEARWATER, FL 33761

SUBJECT: BEST RATE HOLDINGS LLC

Ref. Number: W16000048526

We have received your document for BEST RATE HOLDINGS 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):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please list the complete principal office address.

The document must contain the entity's complete mailing address.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 616A00014662

ALLAHASSIETT | 19 PH 12: 31

COVER LETTER

	ration Section on of Corporatio	ns					
SUBJECT: Besi	t Rate Holdings l						
		Name of	Limited Liability Co	ompany			
					ansact Business in Florida," y company to transact busir		
Please return all	correspondence	concerning this matter to th	e following:				
			Alexis Klemish				
			Name of Person			5	ALL
		Digital	Media Solutions LL	.C			AHA
			Firm/Company		Marie	12 F	S S S S T T
		281001	JS Highway 19N, Sto	e 204		16 JUL 12 PM12: 3	TALLAHASSEELTLOWN
	A. 1860-1864 1864 1864 1864 1864 1864 1864 1864	20100 C	Address	C 201		ယ	
		Cle	arwater, FL 33761				;
		City/	State and Zip Code		4		
			aklemish@thedmsg	grp.com			
		E-mail address: (to be us	ed for future annual	report no	tification)		
For further infor	mation concernit	ng this matter, please call:					
Alexis Klemis	h	at	(727)		3244		
	Name	of Contact Person	Area Code	Day	rtime Telephone Number		
MAILING ADDRESS: Division of Corporations			Division	r ADDRESS: of Corporations			
-	Registration Section Registration Section P.O. Box 6327 Clifton Building						
	ssee, FL 32314		:	2661 Exc	cutive Center Circle ee, FL 32301		
Enclosed is a che							
₩\$125	.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	g Fee &	□ \$160.00 Filing Fee, Ce of Status & Certified Copy		

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: Best Rate Holdings LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,") 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904, & 605.0905, F.S. to determine penalty liability) (Mailing Address) 7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) Name: 601 BA-ISHORE BLUD Suite Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Thomas G. Long
(Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

9.	Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
	jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under
	oath of the translator must be submitted)
	Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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SECRETARY OF STATES

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BEST RATE HOLDINGS, 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-SECOND DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEST RATE HOLDINGS, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

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and corrected and an accordance to the corrected and the corrected

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SR# 20165026580

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

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Authentication: 202702528

Date: 07-22-16