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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2016

DEBORAH SHAPIRO 3771 SAN JOSE PL, STE 22 JACKSONVILLE, FL 32257

SUBJECT: KOSHER NETWROK INTERNATIONAL, LLC

Ref. Number: W16000070948



We have received your document for KOSHER NETWROK INTERNATIONAL, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Octavia I Simmons Regulatory Specialist II

Letter Number: 116A00022393

www.sunbiz.org

COVER LETTER

Registration Section

TO:

Division of Corporations		
SUBJECT: Kosher Network International, LLC Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida		
Please return all correspondence concerning this matter to the following:		
Deborah Shapro Name of Person		
Kother Network International Firm/Company		
3771 Son Jose Place, Suite 22		
Jacksonville FL 32257 City/State and Zip Code		
deboch stapic O Koster network com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Deborch Shows at 90 580 - 7050 Name of Contact Person Area Code Daytime Telephone Number		
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
Enclosed is a check for the following amount: \$\sum{2.500}\$ \text{Filing Fee} \text{\$\sum{5.00}}\$ \text{Filing Fee} \text{\$\sum{5.500}}\$ \text{Filing Fee} \text{\$\sum{5.500}		

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kosher Network International
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida are adjusted and many on till Please return all correspondence concerning this matter to the following:
Deborah Shapiro Name of Person
Kosher Network International Firm/Company
3771 Son Jose Place, Suite 22
Jacksonville, FL 32257 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deborah Shapiro at 904 580 - 7050 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{c} \Boxed \text{ \$125.00 Filing Fee} \\ \Delta \text{ \$130.00 Filing Fee & Certificate of Status} \end{array} \Boxed \text{ \$155.00 Filing Fee & Certified Copy} \Boxed \text{ \$160.00 Filing Fee, Certificate of Status & Certified Copy} \end{array}\$
Already Sentin

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Koster Network International LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Li., ility 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. (Jurisdiction under the law of which foreign limited liability company is organized) 3. 81-1994758 (FEI number, if applicable)
4. September 1 2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 3771 San Jose Pace, Suite 22
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 3771 San Jose Place Suite 22 (Street Address of Principal Office) 6. 3771 San Jose Place Suite 22 Jacksono: 11e, FL 32257
6. 3771 Son Jose Place, Suite 22 Jacksonville, FL 32257
Jacksons: 1/e, FL 32257 (Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Deborah Shapiro
Office Address: 3771 San Jose Blod, Suite 22
Jacksonville, Florida 32257
(City) (Zip code) 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.
() Sov
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Deborah Shapiro, Vice President of Operations & Marketin
3771 Son Jose Place, Suite 20
Jacksonville, Fl 32257
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.

State of New York Department of State } ss:

I hereby certify, that KOSHER MEDIA HOLDINGS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/28/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment KOSHER MEDIA HOLDINGS LLC, changing its name to KOSHER NETWORK INTERNATIONAL LLC, was filed 09/13/2016.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 29th day of November two thousand and sixteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State