45

Division of Corporations

\*\*\*PLEASE HONOR ORIGINAL DATE 12-29-16\*\*\*

# Sloving Constituent of State Dission of Corporations Call Fig. 20 Share

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160003186193)))



H160003186193ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: \*\*\*PLEASE HONOR ORIGINAL DATE 12-29-16\*\*\*

Division of Corporations Fax Number : (850)617-6383

From: \*\*\*PLEASE HONOR ORIGINAL DATE 12-29-16\*\*\*

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address:

### Foreign Limited Liability Company SYMPHONY TALENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

\*\*\*PLEASE HONOR ORIGINAL DATE 12-29-16\*\*\*

\*\*\*PLEASE HONOR ORIGINAL DATE 12-29-16\*\*\*

Electronic Filing Menu Corporate Filing Menu

\*\*\*PLEASE HONOR ORIGINAL DATE 12-29-16\*\*\*

\*\*\*PLEASE HONOR ORIGINAL DATE 12-29-16\*\*\*

J. HARRIS

Help

ਨ

850-617-6381

12/30/2016 11:03:32 AM PAGE 1

1/001

Fax Server

\* \*\*\*PLEASE.HONOR ORIGINAL DATE 12-29-16\*\*\*

\*\*\*PLEASE HONOR ORIGINAL DATE 12-29-16\*\*\*

\*\*\*PLEASE HONOR ORIGINAL DATE 12-29-16\*\*\*



December 30, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: SYMPHONY TALENT, LLC

REF: W16000086851

\*\*\*PLEASE HONOR ORIGINAL DATE 12-29-16\*\*\*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

If you have any further questions concerning your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II Registration Section FAX Aud. #: H16000318619 Letter Number: 816A00027735

\*\*\*PLEASE HONOR ORIGINAL DATE 12-29-16\*\*\*

#### 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

COMPANYTOTRANSACT B	SINESS IN THE STATE OF FLORID	A:	I DODANI I ED TOTALKITA	CHTOMON INNIII.	D DAMINI AT I
1. Symphony Talent, LLC (Name of For	eign Limited Liability Company; ma	ıst include "Limited Li	ability Company," "L.L.C.,"	"or "LLC.")	_
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpose "or "LLC.")	se of transacting busine	ess in Florida. The alternate	name must include "{/	mitted
2. Delaware		3. 26-0214960			
(Jurisdiction under the law company is organized)	of which foreign limited liability	. 1	(FFI number, if applica	ble)	
4. Upon Qualification				,	
	(Date first transacted busing (See sections 605,0904 & 605	ess in Florida, if prior t	o registration.)		
5. 630 Fifth Avenue, Suit	te 659, New York, NY 10111			<del></del>	
	(Street Address of	Principal ()flice)			
6. Same	france interes of	Triscipal (MIEC)			• • • • • • • • • • • • • • • • • • • •
0,				;	<b>5</b>
·	(Mailing	Address		· ·	
<b></b>		,			C 20 - 관립
7. Name and street addres	s of Florida registered agent: (P.	.O. Box <u>NOT</u> accep	inble)		0
Name:	CT Corporation System		-	,	
Office Address;	1200 South Pine Island Road		. <del>.</del>		چ څ څ
	Plantetion	·	Florida 33324	,	ପ୍ର ପ୍ରିଲି
	(City)		(Zip code)		
designated in this applica to comply with the provisi	tance: gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent.	tment as registered a	igent and agree to act in	this capacity. I fur	ther agree
accept the toughtums of t	Сто	Corporation System (	rantor Posts		
		erod agent's signature)			
S. The name little manner	· -				
	icity and address of the person(s)		Managersare:		
	enue, Suite 659, New York, NY				
William Chisholm, 630 F	ifth Avenue, Suite 659, New Yo	rk, NY 10111	Manager		
Stephen Henkenmeier , 63	0 Fifth Avenue, Snite 659, New	York, NY 10111	Manager	<del></del>	. The subsection of the subsec
	of existence, no more than 90 da of which it is organized. (If the e abmitted)				
	Signature	oo an leasthollean page	N.	<del>,</del>	
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitu	0203 (1) (b), Florida ites a third degree fel	Statetes. I am aware that only as provided for in s.8	any fulse information 117.155, F.S.	ι
	Stept	nen Henkenmeier		<del>-</del>	
	Typed or p	minted name of signee		<del>-</del>	

#### Attachment to Florida Member / Manager Information

Full Name:

Member/Manager:

Business Address:

City:

State:

ZIP Code:

Gary Scheier

Manager

630 Fifth Avenue, Suite 659

New York

NY

10111

16 DEC 29 MH 9: 53

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SYMPHONY TALENT, 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-NINTH DAY OF DECEMBER, A.D. 2016.

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

OW

4350732 8300

SR# 20167319306

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

Authentication: 203604528

Date: 12-29-16