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(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to	Filing Officer:				





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J. HARRIE

#### **COVER LETTER**

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of

Media, LLC
Name of Limited Liability Company

TO:

Registration Section Division of Corporations

Existence, and check are submitte	d to register the above refere	enced foreign limited	d liability	company to transact business in	Flor
Please return all correspondence of	concerning this matter to the	following:			
Franc	is Wolff				
<b></b>	N:	ame of Person			
Flow	Media, LLC				
	Fi	rm/Company			
	Walsinghai		1-1	56	
Lungo	FZ 337	774 tate and Zip Code			
•					
yspt	E-mail address: (to be used	om			
	E-mail address: (to be used	for future annual re	eport noti	fication)	
For further information concerning	g this matter, please call:				
Francis L	Hlow	_at ( <u></u> 363)	80	ime Telephone Number	
Name of	f Contact Person	Area Code	Dayt	time Telephone Number	
MAILING ADDRESS: Division of Corporations				ADDRESS: of Corporations	
Registration Section P.O. Box 6327		Registration Section Clifton Building			
Tallahassec, FL 32314		2	2661 Exec	cutive Center Circle ec, FL 32301	
Enclosed is a check for the follow	ing amount:				
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Filing Certified Copy	Fee &	\$160.00 Filing Fee, Certification of Status & Certified Copy	te



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2017

FRANCIS WOLFF 13801 WALSINGHAM RD A-156 LARGO, FL 33774

SUBJECT: FLOW MEDIA, LLC Ref. Number: W17000002540



We have received your document for FLOW MEDIA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 117A0000686

### 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 FO COMPANYTO TRANSACT BUSINESS, IN THE STATE OF FLORIDA:	ORFIGN LIMITED LIABILITY
Flow Media. LL	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I Flow Media International, LLC	I.C.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C," or "LL.C.")	must include "Limited
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)	
5. 13801 Walsingham Rd A-156	
Lange, FC 33774	
6. 13801 Walsinghan Rd A-156	V. 4
Laras [1. 33774	
(Mailing Address)	71 P. 120
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Francis Wolff	*>
Office Address: 13801 Walsingham Rd A-156	
27771	
$\frac{239}{\text{(City)}}, \text{Florida} \frac{331/7}{\text{(Zip code)}}$	
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liabilit	ty company at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties, a	capacity. I further agree
accept the obligations of my position as registered agent.	and I am familiat with and
the state of the s	
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Francis Wolff, Manager	
13801 Walsinghan Rd A-156	
Longo, FL 33774	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cu	ustody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of t of the translator must be submitted)	
Frank	
Signature of an authorized person	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any f submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1	
Tomis INDIFF	

Typed or printed name of signee

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FLOW MEDIA, 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-THIRD DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLOW MEDIA, LLC" WAS FORMED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2009.

HAY'S OF THE PARTY OF THE PARTY

Authentication: 203582758

Date: 12-23-16

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SR# 20167247818