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Florida Department of State
Division of Corporations
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To:

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

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Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305) 541-3980
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Foreign Limited Liability Company
SANTA TRANSMEDIA PRODUCTIONS LLC

Certificate of Status	0
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Page Count	01
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**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. SANTA TRANSMEDIA PRODUCTIONS 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. NEW YORK

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-4830933

(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2719 Hollywood Blvd M-244Hollywood, FL 33020

(Street Address or Principal Office)

6. 2719 Hollywood Blvd M-244Hollywood, FL 33020

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: ACCOUNTANT & MANAGEMENT INCOffice Address: 1549 NE 123RD STREETNORTH MIAMI, Florida 33161

(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 comply with 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.

M N
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

CARINGI DE AQUINO, AMADEU - MGR2719 Hollywood Blvd M-244Hollywood, FL 33020

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)

Adel Aquino
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.

AMADEU CARINGI DE AQUINO

(Typed or printed name of signer)

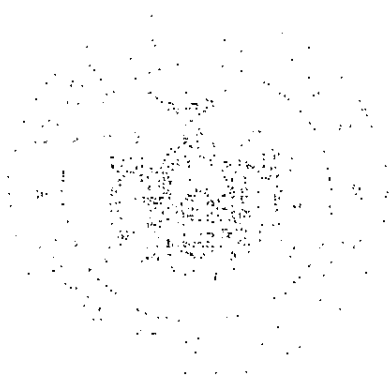
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State of New York
Department of State } ss: "

I hereby certify, that SANTA TRANSMEDIA PRODUCTIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/20/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 02nd day of March two
thousand and seventeen.*

A handwritten signature in dark ink, appearing to read "B. Fitzgerald", is written over a faint, dotted line that serves as a signature guide.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*