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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section

UBJECT: _		N 81	turta III billar Atronic	<del></del>	
	Name of Limited Liability Company				
he enclosed " xistence, and	Application by For check are submitted	eign Limited Liability Comp d to register the above refero	eany for Authorization to enced foreign limited lia	o Transact Business in Florida," Certifica ability company to transact business in Fl	
lease return a	Il correspondence	concerning this matter to the	following:		
		Ni Ni	ame of Person		
	AWARENESS	MEDIA, LLC			
	~	Fi	rm/Company		
	PO BOX 7369				
			Address		
	Wesley Chapel	, FL 33545			
	legal@awarenes	·	tate and Zip Code		
		E-mail address: (to be used	I for future annual repor	rt notification)	
for further info	ormation concernir	g this matter, please call:			
			at ()	Daytime Telephone Number	
	Name o	of Contact Person	Area Code	Daytime Telephone Number	
Divisi Regis P.O. I	LING ADDRESS: ion of Corporation tration Section Box 6327 nassee, FL 32314		Divi Regi Clift 2661	sion of Corporations istration Section on Building I Executive Center Circle ahassee, FL 32301	
	theck for the follow 25,00 Filing Fee	ring amount:  \$\Bigsim \frac{1}{2}\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee Certified Copy	: & □ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 6/6/0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY CYMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA

Description (Processor)   Description of the processor of the person of the processor of the person of the perso	<del></del>
### Provision of the first immediability company is organized;  ###################################	
The name. title or capacity:  The name. title or capacity:  The name. title or capacity:  Name and address of my position as registered agent.  Danielle Littlejohn on behalf of InCorp Services.  The name. title or capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  The name and and an	<del>=</del> ੍ਰਾਸ LCfarb(
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(Can)    Concept Address   Plorida   Process   Post   Post	SHCF
(Can)  (Some Address of Febrida registered agent: (P.O. Box NOT acceptable)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  InCorp Services, Inc.  (Can)  (	
Descrizione di recepti Office)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  InCorp Services, Inc.  17888 67th Court North  Loxabatchee  (Ca)  (C	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: InCorp Services, Inc.  Office Address: 17888 67th Court North  Lovahatchee Florida 33470  (Cm) (Cm) (2000)  (cm) (cm) (cm) (cm) (cm) (cm) (cm) (cm)	.33545
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: InCorp Services, Inc.  Office Address: 17888 67th Court North  Lovahatchee Florida (Cm.)	<del></del>
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Name: InCorp Services, Inc.  17888 67th Court North  Loxahatchee	
Name:  Office Address:  I7888 67th Court North  Loxabatchee  (Cm)	A
Name: InCorp Services, Inc.  Office Address: 17888 67th Court North  Loxahatchee	MASSEE
Office Address:  17888 67th Court North  Lovahatchee  (Cm)  (Cm) (Cm)	
Office Address:  Loxahatchee  (Cm)	<u> </u>
gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability ignated in this application. I hereby accept the appointment as registered agent and agree to act in this comply with the provisions of all statutes relative to the proper and complete performance of my duties, of accept the obligations of my position as registered agent.  Danuelle Littlejohn on behalf of InCorp Ser (Reprinted agent)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name  MATTHEW WALLETT  26/47 (Saxon) Way APT 310  Wesley Chapel, FL 33543  See attachments if necessary)  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having out	8
gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability signated in this application. I hereby accept the appointment as registered agent and agree to act in this comply with the provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent.  Danuelle Littlejohn on behalf of InCorp Ser  (Reputed agent a superior)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name  MATTHEW WALLETT  26/47/Saxony Way APT 310  Wesley Chapel, FL 33544  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having our	ᅙ
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Title or Capacity:  Name and Address:  SOLE MEMBER  MATTHEW WALLETT  26/47 Saxony Way APT 310  Wesley Chapet, FL 33544  See attachments if necessary)  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cut	vices, Inc
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sdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of d	•
the translator must be submitted)	
. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that a	n false intormat
bring declining secretary in accordance with secretary tes a third degree felony as provided for in s.817.1:	
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General of an arthur and arrival	
MATTHEW WALLETT, SOLE MEMBER	

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Page 1



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

DELAWARE, DO HEREBY CERTIFY "AWARENESS 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-EIGHTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AWARENESS MEDIA, LLC" WAS FORMED ON THE TENTH DAY OF JUNE, A.D. 2016.

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

Authentication: 202796318

Date: 06-28-17

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