Division of Corporations

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To:		ALLIANA
	Division of Corporations	· N
	Fax Number : (850)617-6383	a
From:		
rrom.	Account Name : REGISTERED AGENTS INC.	ي .
	Account Number : 120090000081	<u> </u>
	Phone : (307)200-2803	
	Fax Number : (855)330-1010	•
Enter the annual	email address for this business entity to be report mailings. Enter only one email addre	e used for future ss please.
Email A	ddress:	
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,,	•	
	Foreign Limited Liability Company	ह
	PENGUIN ENTERTAINMENT, LLC	KUBIYIC
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O SIMMONS OCT 23 2017

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

		IN FLORIDA	•	
	TION 605,0002, FLORIDA STATUTES. ISINENS IN THE STATE OF FLORIDA:		ALTED TO REGISTER A FO	OREKGN TIMITIED I LABILITÄ
I. PENGUIN ENTERTA	INMENT, LLC			
(Name of Fore	ign Limited Liability Company; must	t include "Limited Liability	Company," "L.L.C.," or "L	LC.")
	. <u> </u>			
(If name unavailable, enter al Liability Company," "L.L.C,"	iternate name adopted for the purpose "ot "LLC.")	of transacting business in I	Florida. The alternate name (must include "Limited
2.DELAWARE		3. N/A		
company is organized)	of which foreign limited hability	(F	El number, if applicable)	
4. <u>N/A</u>	(Date first transacted busines	e in Florida, if ariar to real	etration)	
	(See sections 605,0904 & 605,0	0905, F.S. to determine pen	alty liability)	
5. 3030 N. ROCKY PO	INT DR, STE 150A, TAMPA, F	L 33007		ı
	(Street Address of P	rincipal Office)		S 8 11
6. 3030 N. ROCKY POI	NT DR, STE 150A, TAMPA, FI	L 33607		三年 二
				70 1
	(Mailing A	Address)		T OCT 20 M 9: 49
	_			بې
7. Name and street addres	ss of Florida registered agent: (P.)	O. Box <u>NOT</u> acceptable)	. 5
Name:	Registered Agents Inc.			4.
Office Address:	3030 N. Rocky Point Dr.	STE 150A		
	Tampa	, F	lorida <u>33607</u>	
	(City)		(Zip code)	
designated in this applica to comply with the provisi	gistered agent and to accept servation, I hereby accept the appoint ons of all statutes relative to the pay position as registered agent.	ment as registered agent	and agree to act in this	capacity. I further agree
8. The name, title or capa	acity and address of the person(s)	who has/have authority t	o manage is/are:	
MILLICENT ADAMS, M	IEMBER, 3030 N. ROCKY POI	INT DR, STE 150A, TA	MPA, FL 33607	
9. Attached is a certificate jurisdiction under the law of the translator must be so		ys old, duly authenticated rtificate is in a foreign la	nguage, a translation of the	stody of records in the he certificate under oath
This document is executed submitted in a document to	d in accordance with section 605.0 the Department of State constitu	203 (1) (b), Florida Stati tes a third degree felony (ites. I am aware that any f as provided for in s.817.1.	alse information 55, F.S.

Typed or printed name of signee

RILEY PARK

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PENGUIN ENTERTAINMENT, 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 TWENTIETH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PENGUIN ENTERTAINMENT, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2016.

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

i,

2.

7.

Authentication: 203433299

Date: 10-20-17

6045265 8300 SR# 20176714424

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