

M1800000/229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

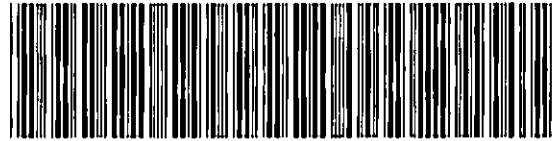
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700308770327

02/06/18--01003--006 **230.00

RECEIVED
2018 FEB -5 PM 3:52
18 FEB -5 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 2/5/2018

****WALK IN****

ENTITY NAME QUALITY MEDIA LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 125.00

CHECK # 4507

Please call Tina at the above number for any issues or concerns. Thank you so much!

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. Quality Media LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If none user-eligible, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware

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

3. 61-1817663

(FEI number, if applicable)

4. _____

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

5. 3049 Cleveland Avenue, Suite 200

(Screen Address of Principal Office)

Fort Myers, FL 33901

6. 3049 Cleveland Avenue, Suite 200

(Mailing Address)

Fort Myers, FL 33901

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael Alan Stafford

Office Address: 5765 Riverside Drive

Cape Coral

(City)

, Florida 33904

(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.

Michael Alan Stafford
(Registered agent's signature)

8. 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 and Address:

AMBR

Rahul Gupta

AMBR

Abhishek Surana

3049 Cleveland Avenue, Suite 200
Fort Myers, FL 33901

5 Camag Street
Kolkata, West Bengal 700017 India

AMBR

Michael Alan Stafford

5765 Riverside Drive
Cape Coral, FL 33904

(Use attachments if necessary)

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)

10. 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.817.135, F.S.

Michael Alan Stafford
(Signature of an authorized person)

Michael Alan Stafford, Authorized Member

(Typed or printed name of signer)

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

Title or Capacity:

Name and Address:

AMBR

Vincent Mathew Kottiath

Block-C, Flat-B, 12 Jessore Road North 24 pgs

Kolkata, West Bengal 700028 India

AMBR

Rishi Barui

67, Mandir Road, Gorabazar Dumdum, North 24 pgs

Kolkata, West Bengal 700028 India

AMBR

Aayush Sharma

245 Subhashnagar Rd, Debon Apt. 4th Fl, Flat-A PO-Rabindranagar, North 24 pgs

Kolkata, West Bengal 700065 India

AMBR

Sacket Kumar Saha

28, Khub Lal Sha Street, Dum Dum Cantt., North 24 Parganas

Kolkata, West Bengal 700028 India

AMBR

Anurag Jaiswal

27 B, Kailash Bose Street, PO-Beadon Street

Kolkata, West Bengal 700006 India

AMBR

Ashutosh Tiwari

17/1 B, Nimtalla Ghat Street, PS-Jorabagan

Kolkata, West Bengal 700006 India

18 FEB 2017 9:27
Kolkata

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUALITY 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUALITY MEDIA LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2017.

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



6323441 8300

SR# 20180626071

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202067731

Date: 01-31-18