

M/8000002655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

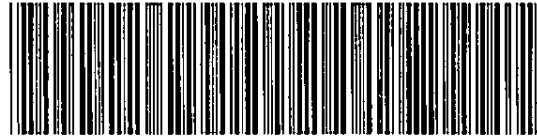
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200308931332

02/12/18--01027--028 **130.00

18 MAR 15 PM 5:36

J. LEGGETT
MAR 16 2018

W/80000025369
W/80000014517



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2018

FANNY CHU
777 S FLAGLER DRIVE, WEST TOWER STE 800
WEST PALM BEACH, FL 33401 US

SUBJECT: MAGRINO VIDEO NETWORK LLC
Ref. Number: W18000025369

We have received your document for MAGRINO VIDEO NETWORK LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 918A00005286

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Magrino Video Network LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Fanny Chu
Name of Person
C/O FLSV, LLP
Firm/Company
777 South Flagler Drive, West Tower Suite 800
Address
West Palm Beach, 33401
City/State and Zip Code
Fanny@FLSV.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fanny Chu at (516) 874-8800
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

RECEIVED
2018 MAR 14 AM 9:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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. Magrino Video Network LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. New York State
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-1871593
(FEI number, if applicable)
4. 10/19/2017
(Date first transacted business in Florida, if prior to registration;
See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. C/O FLSV, LLP
(Street Address of Principal Office)
777 South Flagler Drive, West Tower Suite 800
West Palm Beach, FL 33401
6. C/O FLSV, LLP
(Mailing Address)
777 South Flagler Drive, West Tower Suite 800
West Palm Beach, FL 33401

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

Name: Charles J. Vallone

Office Address: 777 South Flagler Drive, West Tower Suite 800
West Palm Beach, , Florida 33401
(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.

[Signature]
(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:
Agent	Charles J. Vallone 1475 Franklin Avenue Garden City, 11530		

(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.817.155, F.S.

[Signature]
Signature of an authorized person

Charles J. Vallone
Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that M2COLLECTIVE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/17/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A certificate changing name to MTOO LLC was filed on 05/19/2016.

A Certificate of Publication of MTOO LLC was filed on 07/05/2016.

A certificate changing name to MAGRINO VIDEO NETWORK LLC was filed on 12/18/2017.

I further certify, that no other documents have been filed by such Limited Liability Company.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 21st day of December two
thousand and seventeen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", written over a horizontal line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*

FRANKEL LOUGHRAN STARR & VALLONE LLP

1475 FRANKLIN AVENUE

GARDEN CITY, NY 11530

TELEPHONE (516) 874-8800 FAX (212) 683-5121

FACSIMILE TRANSMITTAL SHEET

TO:	FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	FROM:	FLSV, LLP
COMPANY:	FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	DATE:	3-16-2018
PHONE NUMBER:		FAX NUMBER:	1 (850) 245-6030
TOTAL NUMBER OF PAGES <u>INCLUDING</u> COVER:			
5			
RE:			
<hr/>			
URGENT	<u>FOR REVIEW</u>	PLEASE COMMENT	PLEASE REPLY
PLEASE RECYCLE			

NOTES/COMMENTS:

FLORIDA REGISTRATION OF FOREIGN LLC.

RECEIVED
2018 MAR 16 PM 3:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA