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Office Use Only

COVER LETTER

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TO: Registration Section Division of Corporations

# SUBJECT: MILKY WAY DIGITAL 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:

ANDREW RUFO
Name of Person
MILKY WAY DIGITAL LLC
Firm/Company
PO BOX 1
Address Size of File
WAYNE, PA, 19087
REGISTRATIONS@MILKYWAYDIGITAL.COM 5日 8
E-mail address: (to be used for future annual report notification)
further information concerning this matter, please call;
ANDREW RUFO 888 _ 7764559
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:     STREET ADDRESS:       Division of Corporations     Division of Corporations       Registration Section     Registration Section

Registration Section P.O. Box 6327 Tallahassee, FL 32314 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

For

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 COMPLANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

\_\_\_\_\_

# L MILKY WAY DIGITAL LLC

2. PENNSYLVANIA 2. Characterian under the law of which hereges limited liability company is organized: 3. (Law determine penalty linking) 4. N/A (Law differs intransacted bioaness of Plorida a web (00.5 is to determine penalty liability) 5. (MILKY WAY DIGITAL (Street Address of Plorida registered agent: (P.O. Box NOT acceptable) 327 E GAY ST. 327 E GAY ST. 4. PO BOX 1 WEST CHESTER, PA, 19390 3. (PO BOX 1 WAYNE, PA, 19087 3. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered agent is acceptance: Tampa (Pay)		MARKETING AND WEB DESI name adopted for the purpose of transacting business in		ability Company," "L.I. C." or "LLC")
Userschetten under the law of which foregen tunited lability company is organized:       (PEI number, if applicable)         4.       (User lifter namesated business inf londs, if provide regentation 1 (See sections 600 0004, a ref. 6000, E.S. to determine penalty lability)         5.       MILKY WAY DIGITAL (Street Address of Pincipal 'Diffee)       6.       MILKY WAY DIGITAL (Vlading Address)         327 E GAY ST.       PO BOX 1         WEST CHESTER, PA. 19390       WAYNE, PA. 19087         7.       Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name:       Registered Agents Inc. (Office Address:         3030 N. Rocky Point Dr. STE 150A         Tampa         (Fig)         Registered agent's acceptance:         Haring heen named as registered agent and to accept service of process for the above stated limited liability company fig. the place (Registered agent's acceptance)         Registered agent's acceptance:         Maring heen named as registered agent and to accept service of process for the above stated limited liability company fig. the place (Registered agent's acceptance of my duties, and I am/familitéd wit and accept the obligations of my position as registered agent.         K. 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: Name and Address:         MEMBER       Andrew Rufo       Same and Address:				
(Date thirst transacted business in Florids, if provi to registration 1         (Date thirst transacted business in Florids, if provi to registration 1         (Date thirst transacted business in Florids, if provi to registration 1         (Name)         327 E GAY ST.         WEST CHESTER, PA, 19390         7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name:       Registered Agents Inc.         Office Address:       3030 N. Rocky Point Dr. STE 150A         Tampa       . Florida 33607         (One)	Jurisdiction under the law of w	hich foreign limited liability company is organized)		aber, (Lapplicable)
(Date thirst transacted business in Florids, if provi to registration 1         (Date thirst transacted business in Florids, if provi to registration 1         (Date thirst transacted business in Florids, if provi to registration 1         (Name)         327 E GAY ST.         WEST CHESTER, PA, 19390         7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name:       Registered Agents Inc.         Office Address:       3030 N. Rocky Point Dr. STE 150A         Tampa       . Florida 33607         (One)				
S. MILKY WAY DIGITAL INTER Address of Principal Office 327 E GAY ST. WEST CHESTER, PA, 19390 PO BOX 1 WAYNE, PA, 19087 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr. STE 150A Tampa Usy (Usy) (Specific address) (Specific address) (Usy) (Specific address) (Specific a	. <u>↓_N/A</u>			
(Mading Address)         Other address of Process of Process of Plorida registered agent: (P.O. Box NOT acceptable)         Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)       Name:         Registered Agents Inc.       PO BOX 1         Office Address:       3030 N. Rocky Point Dr. STE 150A         Tampa       Point a street address of Plorida agent and to accept service of process for the above stated limited liability compared at the place designated in this application. I hereby accept the appointment as registered agent.         Registered agent is of my position as registered agent.         Build accept the obligations of my position as registered agent.         Build accept the obligations of the person(s) who has/have authority to manage is/are:         Title or Capacity:       Name and Address:         MEMBER       Andrew Rufo		(See sections 605 0904 & 605,0905, F.S. to dete	mune penalty hability)	
(Mading Address)         Other address of Process of Process of Plorida registered agent: (P.O. Box NOT acceptable)         Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)       Name:         Registered Agents Inc.       PO BOX 1         Office Address:       3030 N. Rocky Point Dr. STE 150A         Tampa       Point a street address of Plorida agent and to accept service of process for the above stated limited liability compared at the place designated in this application. I hereby accept the appointment as registered agent.         Registered agent is of my position as registered agent.         Build accept the obligations of my position as registered agent.         Build accept the obligations of the person(s) who has/have authority to manage is/are:         Title or Capacity:       Name and Address:         MEMBER       Andrew Rufo	MILKY WAY DIGI	ITAL	6 MILKY WAY DIGITA	L
WEST CHESTER, PA. 19390       WAYNE, PA. 19087         7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)       Name:         Name:       Registered Agents Inc.         Office Address:       3030 N. Rocky Point Dr. STE 150A         Tampa       Florida 33607         Itaying been named as registered agent and to accept service of process for the above stated limited liability company of the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacific Hurtheriag to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I applainilider wit and accept the obligations of my position as registered agent.         Kegestered agent is accepting and address of the person(s) who has/have authority to manage is/are:         Title or Capacity:       Name and Address:         MEMBER       Andrew Rufo         POBDO 1		Principal Office)	(Mailing Ado	
7. Name and street address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)         Name:       Registered Agents Inc.         Office Address:       3030 N. Rocky Point Dr. STE 150A         Tampa       Florida <u>33607</u> Itarian       Florida <u>1000</u> Itarian       Florida <u>1000</u> Itarian       Florida Interfloritorian         Itarian       Florida Interfloritorian         Itarian       Florida Interfloritorian         Itarian       Florida Interfloritorian         Itarian       Itarian         Itarian       Itarian <td>327 E GAY ST.</td> <td></td> <td>PO BOX 1</td> <td></td>	327 E GAY ST.		PO BOX 1	
Name:       Registered Agents Inc.         Office Address:       3030 N. Rocky Point Dr. STE 150A         Tampa       Florida         Itay       Florida         Registered agent's acceptance:       Itay         Having been named as registered agent and to accept service of process for the above stated limited liability compared in this application. I hereby accept the appointment as registered agent and agree to act in this capacity: If further agent to complete performance of my duties, and I am familiad with and accept the obligations of my position as registered agent.         Registered the obligations of my position as registered agent.         Registered the obligations of my position as registered agent.         Registered agent with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiad with and accept the obligations of my position as registered agent.         Registered agent:         Registered agent:         Registered agent and address of the person(s) who has/have authority to manage is/are:         Title or Capacity:       Name and Address:         MEMBER       Andrew Rufo         PO BON 1       PO BON 1	WEST CHESTER	, PA, 19390	WAYNE, PA, 19087	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Name: Office Address: Registered agent's accep Having been named as re designated in this applica to comply with the provis	Registered Agents Inc. 3030 N. Rocky Point Dr. STE Tampa (Cas) otance: egistered agent and to accept service of ation, 1 hereby accept the appointment ions of all statutes relative to the prop	E 150A Florida <u>33607</u> Open of process for the above stated limited t as registered agent and agree to acc	d liability company of the place t in this capacity i further agree
Title or Capacity:     Name and Address:     Title or Capacity:     Name and Address:       MEMBER     Andrew Rufo		(Registered ager	tl's signature)	
P0 B0x 1		-		Name and Address:
P0 B0x 1	MEMBER	Andrew Bufo		
WAYNE PA 19087				
		WAYNE PA 19087		

(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.

Andrew Rufo Signature of an authorized person

ANDREW RUFO

Typed or printed name of signee

## COMMONWEALTH OF PENNSYLVANIA

### DEPARTMENT OF STATE

#### 06/09/2018

#### TO ALL WHOM THESE PRESENTS SHALL COME. GREETING:

Milky Way Digital LLC

I. Robert Torres, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Creation Filing filed on Sep 22, 2011 - Pages (2) Amendment filed on Jul 28, 2016 - Pages (1) Amendment filed on Aug 10, 2017 - Pages (2)

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which appear of record in this department.





IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC180609130090-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

Entity #: 4057098 Date Filed: 09/22/2011 Carol Aichele Secretary of the Commonwealth

# PENNSYLVANIA DEPARTMENT OF STATE CORPORATION BUREAU

# Certificate of Organization Domestic Limited Liability Company (15 Pa.C.S. § 8913)

Name Rocket Lawyer			Document will be returned to the nume and address you enter to the left.
Address 5668 E 61st Str	rect		
City Commerce	State CA	Zip Code 90040	Commonwealth of Pennsylvania
\$125			T1126547103

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

 The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation): RufoNet LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
30 Greythorne Woods	Wayne	PA	19087	Wayne
(b) Name of Commercial R	egistered Office Pro	ovider		

(b) Name of Commercial Registered Office Provider c/o:

3. The name and address, including street and number, if any, of each organizer is (all organizers must sign on page 2): Name Address
Anna Manukyan \_\_\_\_\_\_5668 E 61st Street, Commerce, CA 90040 \_\_\_\_\_

2011 SEP 22 PH 2: 11 PA DEPT OF STATE .

4. Strike out if inapplicable term

- A member's interest in the company is to be evidenced by a certificate of membership interest.

 Strike out if inapplicable: Management of the company is vested in a manager or managers.

6. The specified effective date, if any is:

month date year hour, if any



IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this
<u>19th</u> day of Sept. , 2011.
Ann
Signature
Signature
Signature

	EAU OF CORPORATION Return document by mail to.		-		Date Filed : 07/2
Andrew Rufo				ange of Reg SCB-15-1507/	Secretary of the Com
Name			•	(rev. 7.	
	GAY S1.		1	, INNE INNE IN	
Addre					
	I CHESTER PA	19380			
City	State	Zip Code			
	Return document by email to:				
Rea	ad all instructions prior to comp	oleting. This form may be	e submitted	online at <u>http</u>	s: www.corporations.pa.go
eet \$2	5.00 The type of domestic	association (check only on	e)'		
	Business Corpor			ny 🗂 Limin	ed Liability Limited Partnershi
	Nonprofit Corpo	ليصيا	· ·		d haonny failled Failletail
			•		
	impliance with the requirements of tered office), the undersigned dom				
	ed partnership, desiring to effect a				and only or minima many
1.	The name of the association is	RufoNet LLC			
2.	The current registered office add	ress as on file with the Dep	artment of St	tate. Complete p	art (a) OR (of - not beth:
(a)	30 Greythome Woods,	Wayne	PA	19087	Delaware
	Number and Street	City	State	Zip	Country
(b)	<b>c</b> /u;				Country B
(,	Name of Commercial Regis	stered Office Provider			County O
					A16
		or (b) – not both:			D to O
3.	New address, Complete part (a) (				
3. (a)	The address in this Commonwea		office of the (	corporation, lim	ited partnership or limited
	The address in this Commonwea liability company is to be change	ed is			
	The address in this Commonwea liability company is to be change 327 E GAY ST.	ed is WEST CHESTER	PA	19380	Chester
(a) 	The address in this Commonwea liability company is to be change 327 E GAY ST. Number and Street	ed is WEST CHESTER City	PA State	19380 Zip	Chester County
(a) 	The address in this Commonwea liability company is to be change 327 E GAY ST.	ed is WEST CHESTER City	PA State	19380 Zip	Chester County
(a) 	The address in this Commonwea liability company is to be change 327 E GAY ST. Number and Street The registered office of the corpo	ed is WEST CHESTER City pration. limited partnership	PA State	19380 Zip	Chester County shall be provided by.
(a) (b)	The address in this Commonwea liability company is to be change 327 E GAY ST. Number and Street The registered office of the corpo	ed is WEST CHESTER City pration. limited partnership	PA State	19380 Zip	Chester County
(a) (b)	The address in this Commonwea liability company is to be change 327 E GAY ST. Number and Street The registered office of the corpo- Name of Commercial Registered	ed is <u>WEST CHESTER</u> City oration, limited partnership Office Provider	PA State or limited lia	19380 Zip ability company	Chester County shall be provided by. County
(a) (b) <u>c/o:</u> 4.	The address in this Commonwea liability company is to be change 327 E GAY ST. Number and Street The registered office of the corporations Name of Commercial Registered For corporations only:Such cha	ed is <u>WEST CHESTER</u> City oration, limited partnership Office Provider inge was authorized by the	PA State or limited lia Board of Dir	19380 Zip ability company ectors of the cor	Chester County shall be provided by. County poration.
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(a) (b) <u>c/o:</u> 4. IN	The address in this Commonwea liability company is to be change 327 E GAY ST. Number and Street The registered office of the corpo Name of Commercial Registered <i>For corporations only</i> :Such cha TESTIMONY WHEREOF, the un signed by a duly authorized office	ed is <u>WEST CHESTER</u> City oration, limited partnership Office Provider inge was authorized by the l ndersigned has caused this 5 r. general partner, member of	PA State or limited lia Board of Dir Statement or	19380 Zip ability company ectors of the cor Certificate of C	Chester County shall be provided by. County poration.
(a) (b) <u>c/o:</u> 4. IN be	The address in this Commonwea liability company is to be change 327 E GAY ST. Number and Street The registered office of the corporations Name of Commercial Registered For corporations only:Such cha TESTIMONY WHEREOF, the un signed by a duly authorized office	ed is <u>WEST CHESTER</u> City oration, limited partnership Office Provider inge was authorized by the l ndersigned has caused this 5 r. general partner, member of	PA State or limited lia Board of Dir Statement or or manager th	19380 Zip ability company ectors of the cor Certificate of C hereof this RutoNet I.I.	Chester County shall be provided by. County poration. hange of Registered Office to C
(a) (b) <u>c/o:</u> 4. IN be	The address in this Commonwea liability company is to be change 327 E GAY ST. Number and Street The registered office of the corporations Name of Commercial Registered For corporations only:Such cha TESTIMONY WHEREOF, the un signed by a duly authorized office	ed is <u>WEST CHESTER</u> City oration, limited partnership Office Provider inge was authorized by the l indersigned has caused this 5 r. general partner, member of 016	PA State or limited lia Board of Dir Statement or or manager th Name of C	19380 Zip ability company ectors of the cor Certificate of C nereof this RutoNet I.L orporation/Limi	Chester County shall be provided by. County poration. hange of Registered Office to

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PRINCIPAL Title

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE	Entity# : 4057098 Date Filed : 08/10/2017 Pedro A. Cortés Secretary of the Commonw	
Return document by mail to:         Joshua David Waterston         Nanie         Elman Technology Law, P.C., P.O. Box 209         Address         Swarthmore       PA         19081	Certificate of Amendment-Domestic Limited Partnership/Limited Liability Company DSCB:15-8622/8822(rev. 2/2017)	
Swarthmore     PA     19081       Cuy     State     Zip Code	8622	
Read all instructions prior to completing. This form may be	submitted online at https://www.corporations.pa.gov/	
Fee: \$70.00 Check one: Limited Partnership (§ 8622)	X Limited Liability Company (§ 8822)	
In compliance with the requirements of the applicable provisions desiring to amend its Certificate of Limited Partnership/Certificate		
1. The name of the limited partnership/limited liability compa RufoNet LLC		
2. The date of filing of the original Certificate of Limited Parts 9/22/2011 Date(MM/DD/YYYY)	SEE FI	,
<ul> <li>3. The current registered office address on file with the Depar</li> <li>(a) 327 E Gay St. West Chester, PA, 19380, Chester,</li> </ul>	Iment of State: Complete part (a) OR (b) For both	
	ate Zip County	
(b) c/o: Name of Commercial Registered Office Provider	County	
<ul> <li>Check, and if appropriate complete, one of the following:</li> <li>X The amendment adopted by the limited partnership/limi</li> <li>RufoNet LLC hereby changes its name to Milky Way Discussion</li> </ul>		
The amendment adopted by the limited partnership/lim attached hereto and made a part hereof.	ted liability company is set forth in full in Exhibit A	
5. Check, and if appropriate complete, one of the following:		
N The amendment shall be effective upon filing this Certifi	rate of Amendment in the Department of State.	
The amendment shall be effective on:	at	

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## . +DSCB: 15-8622/8822-2

Check if the amendment restates the Certificate of Limited Partnership/Organization: 6.

The restated Certificate of Limited Partnership/Organization supersedes the original Certificate of Limited Partnership/Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed this 10th day of August, 2017.

	RufoNet LLC
_	Name of Limited Partnership/Limited Liability Company
	Joshua D. Waterston
	Signature
	Attorney at Law
	Title

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