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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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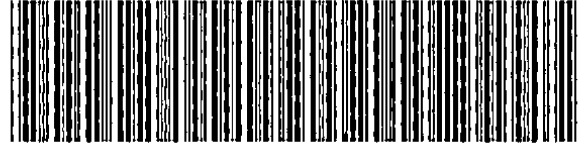
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Flare Media Agency 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:

Dianne Zukowsky

Name of Person

Flare Media Agency LLC

Firm/Company

333 Las Olas Way CU1

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

Dianne Zukowsky

dianne.zukowsky@flaremediaagency.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Haynsworth Sinkler Boyd, P.A.

J. Harvey Cleveland IV, Esq.

Name of Contact Person

at (864) 240-3297 (email: hcleveland@hsblav

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certif
of Status & Certified Cop

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. Flare Media Agency LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. South Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2945352
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 101 N. Main Street, Suite 1511
(Street Address of Principal Office)

6. 101 N. Main Street, Suite 1511
(Mailing Address)

Greenville, SC 29601

Greenville, SC 29601

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TALLAHASSEE, FLORIDA

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

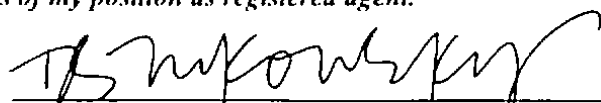
Name: Dianne Zukowsky

Office Address: 333 Las Olas Way CU1

Fort Lauderdale, Florida 33301
(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.



Dianne Zukowsky (Registered agent's signature)

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Dianne Zukowsky</u>	☐ Manager	Name: _____
☒ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	<u>333 Las Olas Way CU1</u>	☐ Authorized	_____
Person	<u>Fort Lauderdale, FL 33301</u>	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

☐ Manager Name: Anne Young

☒ Member Address: _____

☐ Authorized 101 N. Main Street, Suite 1511

Person Greenville, SC 29601

☐ Other _____ ☐ Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: _____
☐ Member	Address: _____
☐ Authorized	_____
Person	_____
☐ Other _____	☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____

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TALLAHASSEE

☐ Manager	Name: _____
☐ Member	Address: _____
☐ Authorized	_____
Person	_____
☐ Other	☐ Other

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)

Dianne M. Kowalsky
Signature of an authorized person

Typed or printed name of signee

The State of South Carolina



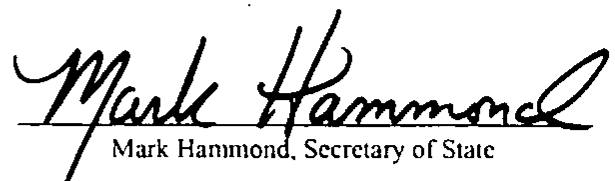
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Flare Media Agency LLC, a limited liability company duly organized under the laws of the State of South Carolina on November 1st, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 13th day
of February, 2019.


Mark Hammond, Secretary of State