

M19000005331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

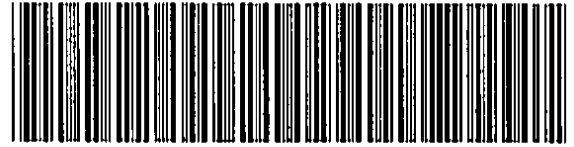
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/10/19--01008--028 ♦♦130.00

05/10/19 09:44:48
Filing Office

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MAY 31 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2019

ROBERT PULSIPHER
989 GEORGIA AVENUE, 1ST FLOOR
PALM HARBOR, FL 34683

SUBJECT: MATRIX MEDIA LLC
Ref. Number: W19000048372

We have received your document for MATRIX MEDIA 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 name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return 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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 819A00009955

Corrected the comma (,) added on the application page. Payment is being held on your end, awaiting these corrected forms. Please resubmit application.

RECEIVED

MAY 30 2019

Thank you!
5/28/19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MATRIX MEDIA 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:

Robert Pulsipher

Name of Person

Matrix Media LLC

Firm/Company

989 Georgia Ave, 1st Floor

Address

Palm Harbor, FL 34683

City/State and Zip Code

gab@yodelvoice.com

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

For further information concerning this matter, please call:

Robert Pulsipher

435

313-2877

at ()

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:

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, Certificate
of Status & Certified Copy

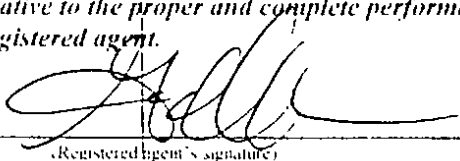
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. Matrix Media LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 83-2085046
(FEI number, if applicable)
4. 05/08/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 989 Georgia Ave, 1st Floor
(Street Address of Principal Office)
Palm Harbor, FL 34683
6. 989 Georgia Ave, 1st Floor
(Mailing Address)
Palm Harbor, FL 34683
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Gabrielle Walthers
- Office Address: 989 Georgia Ave, 1st Floor
Palm Harbor Florida 34683
(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.


(Registered agent's signature)

FILED
CLERK OF COURT
JAN 14 2020
Palm Beach County, Florida

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

☒ Manager Name: Robert Pulsipher

☐ Member Address: _____

☐ Authorized 989 Georgia Ave, 1st Floor

Person Palm Harbor, FL 34683

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

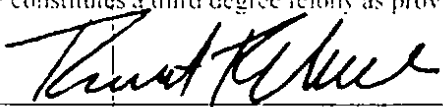
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 of an authorized person

Robert Pulsipher

Typed or printed name of signer

Delaware

Page 1

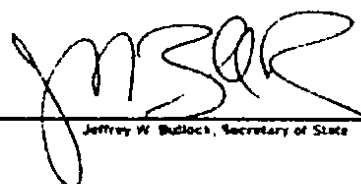
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MATRIX 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 EIGHTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MATRIX MEDIA LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2018.

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




Jeffrey W. Bullock, Secretary of State

7076758 8300

SR# 20193659066

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

Authentication: 202786215

Date: 05-08-19