

Mad0000008929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

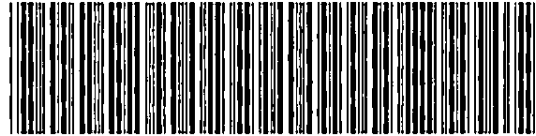
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2020 SEP 28 A 8:39 AM  
TALLAHASSEE, FLORIDA

0010

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HALON 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:

LAURA E. AHLERS, PARALEGAL  
Name of Person  
MORRIS LAW GROUP  
Firm/Company  
7284 W PALMETTO PARK ROAD, SUITE 101  
Address  
BOCA RATON, FL 33433  
City/State and Zip Code  
E COMPLIANCE@LAW-MORRIS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA E. AHLERS 561 750-3850  
Name of Contact Person at ( ) Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 & ☒ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate  
Certificate of Status Certified Copy 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. HALON DIGITAL, 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. DELAWARE

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

3.

(FEI number, if applicable)

4.

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

800 YAMATO ROAD, STE 100

5. (Street Address of Principal Office)

6.

(Mailing Address)

BOCA RATON, FL 33431

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

Name:

MLG SERVICES, LLC

Office Address:

7284 W PALMETTO PARK RD, STE 101

BOCA RATON

(City)

Florida

33433

(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  
2020 SEP 28 A 8:33  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE 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: MIKE WIENER

☐ Member      Address: 800 YAMATO ROAD

☐ Authorized      SUITE 100

BOCA RATON, FL 33431

                    Person

☒ Other PRESIDENT                      ☐ Other \_\_\_\_\_

☐ Manager      Name: LAUREN SMITH

☐ Member      Address: 800 YAMATO ROAD

☐ Authorized      SUITE 100

BOCA RATON, FL 33431

                    Person

☒ Other SECRETARY                      ☐ Other \_\_\_\_\_

☐ Manager      Name: ANDREW SMITH

☐ Member      Address: 800 YAMATO ROAD

☐ Authorized      SUITE 100

BOCA RATON, FL 33431

                    Person

☒ Other TREASURER                      ☐ 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      \_\_\_\_\_

                    \_\_\_\_\_

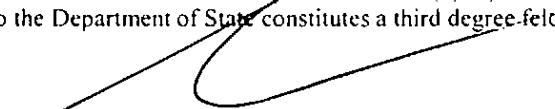
                    Person

☐ 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

STUART R. MORRIS, ESQ., AUTHORIZED PERSON  
\_\_\_\_\_  
Typed or printed name of signee

# Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HALON DIGITAL, 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 TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HALON DIGITAL, LLC" WAS FORMED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2020.

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



Jeffrey W. Bullock, Secretary of State

3680355 8300

SR# 20207434653

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203721147

Date: 09-23-20