

M 2100 0000 505

(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



200355797522

01/08/21--01020--003 **125.00

53f
1/13/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AD RESULTS 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:

VICTORIA L. CHINSEE

Name of Person

POTENTE, APLC

Firm/Company

4320 LA JOLLA VILLAGE DR., STE 170

Address

SAN DIEGO, CA 92122

City/State and Zip Code

VICTORIA@POTENTE.COM

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

For further information concerning this matter, please call:

VICTORIA L. CHINSEE

Name of Contact Person

858

at ()

Area Code

750-2591

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 & 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. AD RESULTS MEDIA, L.L.C.

(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. TEXAS

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

81-3524324

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.)

5. 320 WESTCOTT ST

(Street Address of Principal Office)

STE 101

HOUSTON, TX 77007

320 WESTCOTT ST

6. (Mailing Address)

STE 101

HOUSTON, TX 77007

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

Name: INCORP SERVICES, INC.

Office Address: 1788S 67TH COURT NORTH

LOXAHATCHEE

(City)

33470

, Florida (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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Joanna Fernandez for InCorp Services, Inc.

(Registered agent's signature)

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: MICHAEL KROPKO

☐ Member Address: 320 WESTCOTT ST

☐ Authorized STE 101

HOUSTON, TX 77007

Person

☒ Other Vice President ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: MARSHALL WILLIAMS

☐ Member Address: 320 WESTCOTT ST

☐ Authorized STE 101

HOUSTON, TX 77007

Person

☐ Other _____ ☐ Other _____

☒ Manager Name: MICHAEL LASALLE

☐ Member Address: 320 WESTCOTT ST

☐ Authorized STE 101

HOUSTON, TX 77007

Person

☒ Other President ☐ Other _____

☒ Manager Name: SAM HALLS

☐ Member Address: 320 WESTCOTT ST

☐ Authorized STE 101

HOUSTON, TX 77007

Person

☒ Other Vice President ☒ Other Secretary

☐ Manager Name: PETER RIVERA

☐ Member Address: 320 WESTCOTT ST

☐ Authorized STE 101

HOUSTON, TX 77007

Person

☒ Other Treasurer ☐ Other _____

☒ Manager Name: BRIAN BARNUM

☐ Member Address: 320 WESTCOTT ST

☐ Authorized STE 101

HOUSTON, TX 77007


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

MICHAEL KROPKO

Typed or printed name of signer

ATTACHMENT

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>RUSSELL LINDLEY</u>
<input type="checkbox"/> Member	Address: <u>320 WESTCOTT ST</u>
<input type="checkbox"/> Authorized	<u>STE 101</u>
<u>Person</u>	<u>HOUSTON, TX 77007</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☒ Manager Name: STEVEN SHANKS

☐ Member Address: 320 WESTCOTT ST

☐ Authorized STE 101

Person HOUSTON, TX 77007

☐ Other _____ ☐ Other _____

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: KURT KAUFER
<input type="checkbox"/> Member	Address: 320 WESTCOITT ST
<input type="checkbox"/> Authorized	STE 101
Person	HOUSTON, TX 77007
<input type="checkbox"/> Other	<input type="checkbox"/> Other

☒ Manager Name: MAINARDO DE NARDIS DI PRATA

☐ Member Address: 320 WESTCOTT ST

☐ Authorized STE 101

HOUSTON, TX 77007

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Ad Results Media, LLC (file number 802517589), a Domestic Limited Liability Company (LLC), was filed in this office on August 10, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 10, 2020.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State