## M21000/186

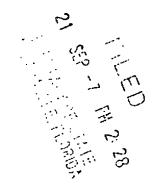
| (Re                                     | questor's Name)    |           |  |  |
|-----------------------------------------|--------------------|-----------|--|--|
|                                         |                    |           |  |  |
| (Ad                                     | dress)             |           |  |  |
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| DA)                                     | aless)             |           |  |  |
| (Cit                                    | ry/State/Zip/Phone | e #)      |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Bu                                     | siness Entity Nam  | ne)       |  |  |
|                                         |                    |           |  |  |
| (Do                                     | cument Number)     | -         |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
|                                         |                    |           |  |  |
|                                         |                    |           |  |  |
|                                         |                    |           |  |  |
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Office Use Only



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98/16/21--01032--004 \*\*1;





## COVER LETTER

TO:

Registration Section

| Div               | ision of Corporations                                                                   |                                                                                                                                                                          |  |  |  |  |  |
|-------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| SUBJECT:          | MEDIA CORE SYSTEMS LLC  Name of Limited Liability Company                               |                                                                                                                                                                          |  |  |  |  |  |
| SOBJECT.          |                                                                                         |                                                                                                                                                                          |  |  |  |  |  |
|                   |                                                                                         | d Liability Company for Authorization to Transact Business in Florida," Certificat the above referenced foreign limited liability company to transact business in Flo    |  |  |  |  |  |
| Please return     | all correspondence concerning the                                                       | nis matter to the following:                                                                                                                                             |  |  |  |  |  |
|                   |                                                                                         |                                                                                                                                                                          |  |  |  |  |  |
|                   |                                                                                         | Name of Person                                                                                                                                                           |  |  |  |  |  |
|                   | MEDIA CORE SYSTEMS LLC                                                                  |                                                                                                                                                                          |  |  |  |  |  |
| •                 |                                                                                         | Firm/Company                                                                                                                                                             |  |  |  |  |  |
|                   | 3152 LITTLE ROAD STE                                                                    | 403                                                                                                                                                                      |  |  |  |  |  |
|                   |                                                                                         | Address                                                                                                                                                                  |  |  |  |  |  |
|                   | TRINITY, FL 34655                                                                       |                                                                                                                                                                          |  |  |  |  |  |
|                   |                                                                                         | City/State and Zip Code                                                                                                                                                  |  |  |  |  |  |
|                   | accounting@veloxperform.co                                                              | ומי                                                                                                                                                                      |  |  |  |  |  |
|                   | E-mail add                                                                              | fress: (to be used for future annual report notification)                                                                                                                |  |  |  |  |  |
| For further in    | nformation concerning this matter                                                       | , please call:                                                                                                                                                           |  |  |  |  |  |
| HEATHER ROUSSEAU  |                                                                                         | 727 576-0766<br>at ( )                                                                                                                                                   |  |  |  |  |  |
|                   | Name of Contact Pe                                                                      | erson Area Code Daytime Telephone Number                                                                                                                                 |  |  |  |  |  |
| Reg<br>Div<br>P.C | iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303                           |  |  |  |  |  |
| Plea              | \$125.00 Filing Fee                                                                     | amount:  RIDA DEPARTMENT OF STATE  0 Filing Fee &  S155.00 Filing Fee &  S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy |  |  |  |  |  |



August 18, 2021

HEATHER ROUSSEAU 3152 LITTLE RD STE 403 TRINITY, FL 34655

SUBJECT: MEDIA CORE SYSTEMS LLC

Ref. Number: W21000113952

We have received your document for MEDIA CORE SYSTEMS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 521A00019755

RFC.FIVFD



September 8, 2021

CHRISTOPHER PALLANTE 2ND MAILING 10338 ALTRARA WAY TRINITY, FL 34655

SUBJECT: MEDIA CORE SYSTEMS LLC

Ref. Number: W21000113952

We have received your document for MEDIA CORE SYSTEMS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Letter Number: 521A00019755

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION (4)5,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED L. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| t name unavailable, enter alternate i          | name adopted for the purpose of transacting business in F                                                    | lorida. The alte  | nate name must include "Limited | Liability Company," "L.L.C." or            |  |  |  |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------|--------------------------------------------|--|--|--|
| DELAWARE                                       |                                                                                                              |                   | 2-2992825                       | , , , , , , , , , , , , , , , , , , ,      |  |  |  |
|                                                | nich foreign hmited liability company is organized)                                                          |                   |                                 |                                            |  |  |  |
| transaction under the law or w                 | men recigin minico materity company is enganiveer                                                            |                   | 11 to 100                       | in the state of                            |  |  |  |
| JULY 28, 2021                                  |                                                                                                              |                   |                                 |                                            |  |  |  |
|                                                | (Date first transacted business in Florida, if prior to<br>(See sections 605,0904 & 605,0905, F.S. to determ | registration.)    | duy)                            | <del></del>                                |  |  |  |
| 3152 LITTLE ROAD                               |                                                                                                              |                   | 52 LITTLE ROAD STE              | E 403                                      |  |  |  |
|                                                | · · · · · · · · · · · · · · · · · · ·                                                                        | 6                 | 6. (Mailing Address)            |                                            |  |  |  |
|                                                |                                                                                                              | ****              | MANUTY TI 21755                 |                                            |  |  |  |
| TRINITY, FL 34655                              |                                                                                                              | TRINITY, FL 34655 |                                 |                                            |  |  |  |
|                                                |                                                                                                              | _                 |                                 |                                            |  |  |  |
|                                                |                                                                                                              | _                 |                                 |                                            |  |  |  |
|                                                |                                                                                                              | _                 |                                 |                                            |  |  |  |
|                                                |                                                                                                              | _                 |                                 |                                            |  |  |  |
| Name and street address                        | ss of Florida registered agent: (P.O. Box                                                                    |                   | eptable)                        |                                            |  |  |  |
| Name and street address                        | ss of Florida registered agent: (P.O. Box                                                                    | N <u>NOT</u> ace  | eptable)                        |                                            |  |  |  |
|                                                | ss of Florida registered agent: (P.O. Box<br>CHRISTOPHER PALLANTE                                            | x <u>NOT</u> ace  | eptable)                        |                                            |  |  |  |
| Name and street address Name:                  | CHRISTOPHER PALLANTE                                                                                         | x <u>NOT</u> ace  | eptable)                        | . 2                                        |  |  |  |
|                                                |                                                                                                              | x <u>NOT</u> ace  | eptable)                        | 21                                         |  |  |  |
| Name:                                          | CHRISTOPHER PALLANTE 10338 ALTRARA WAY                                                                       | x <u>NOT</u> ace  |                                 | 21 SEP                                     |  |  |  |
| Name:                                          | CHRISTOPHER PALLANTE  10338 ALTRARA WAY  TRINITY                                                             |                   | <br>34655                       | FIL 21 SEP -7                              |  |  |  |
| Name:                                          | CHRISTOPHER PALLANTE  10338 ALTRARA WAY  TRINITY                                                             |                   |                                 | FILEI<br>21 SEP -7 P                       |  |  |  |
| Name: Office Address: Registered agent's accep | CHRISTOPHER PALLANTE  10338 ALTRARA WAY  TRINITY  (City)                                                     |                   | 34655<br>, Florida(Zip code)    | 第 27 E D D D D D D D D D D D D D D D D D D |  |  |  |

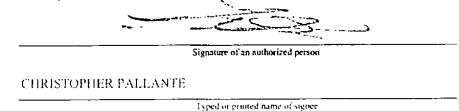
(Registered agent's signature)

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

| Title or Capacity: | Name and Address:               | Title or Capacit | <u>v:</u>    | Name and Addres |
|--------------------|---------------------------------|------------------|--------------|-----------------|
| □Manager           | Name: CHRISTOPHER PALLANTE      | □Manager         | Name:        |                 |
| <b>≣</b> Member    | Address: 2205 CALLE GENERAL DEL | □Member          | Address:     |                 |
| □Authorized        | VALLE                           | □Authorized      |              |                 |
| Person             | SAN JUAN, PR 00913              | Person           |              |                 |
| □Other             | Other                           | □Other           |              | □Other          |
| □Manager           | Name:                           | ∐Manager         | Name:        |                 |
| ⊡Member            | Address:                        | □Member          | Address:     |                 |
| □Authorized        |                                 | □Authorized      |              | •               |
| Person             |                                 | Person           |              |                 |
| □Other             | Other                           | □Other           |              | □Other          |
| □Manager           | Name:                           | □Manager         | Name:        |                 |
| □Member            | Address:                        | □Member          | Address:     |                 |
| □Authorized        |                                 | □Authorized      |              |                 |
| Person             |                                 | Person           |              |                 |
| □Other             | □ Other                         | □Other           | <del> </del> | Other           |
|                    |                                 |                  |              |                 |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. No 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 i jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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 informatic submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MEDIA CORE SYSTEMS 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-SEVENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDIA CORE SYSTEMS LLC" WAS FORMED ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2017.

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

6550180 8300 SR# 20213061475

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

Authentication: 204027600

Date: 08-27-21