

1121000013660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

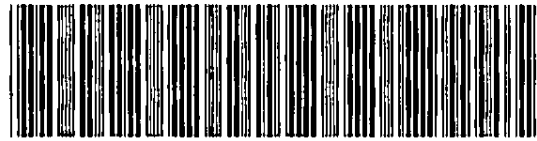
(Business Entity Name)

(Document Number)

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

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21 OCT -7 AM 10:28

U.S. DEPARTMENT OF STATE  
OFFICE OF THE ASSISTANT SECRETARY  
FOR PUBLIC AFFAIRS

TZ  
10/18/21

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: G AUDIO NETWORKS 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:

CHRISTINE E FRIES

\_\_\_\_\_  
Name of Person

CPA ASSOCIATES LLP

\_\_\_\_\_  
Firm/Company

4207 SW HIGH MEADOWS AVE

\_\_\_\_\_  
Address

PALM CITY FL 34990

\_\_\_\_\_  
City/State and Zip Code

CFRIES@CPA-ASSOCIATESLLP.COM

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

For further information concerning this matter, please call:

CHRISTINE E FRIES

772 631-6318  
at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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 & 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. G AUDIO NETWORKS 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 3. 87-2959279  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 1655 PALM BEACH LAKES BLVD STE 903 6. 1655 PALM BEACH LAKES BLVD STE 903  
(Street Address of Principal Office) (Mailing Address)

WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401  
\_\_\_\_\_  
\_\_\_\_\_

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

Name: WILLIAM J MCENTEE III

Office Address: 1655 PALM BEACH LAKES BLVD STE 903

WEST PALM BEACH, Florida 33401  
(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.*

WJ McEntee III  
(Registered agent's signature)

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21 OCT - 7 AM 10:08

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: GEN MEDIA PARTNERS LLC	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1655 PALM BEACH LAKES	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	BLVD STE 903	<input type="checkbox"/> Authorized	_____
Person	WEST PALM BEACH FL 33401	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

WILLIAM J MCENTEE III

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "G AUDIO NETWORKS 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 FOURTH DAY OF OCTOBER, A.D. 2021.



6264901 8300

SR# 20213416998

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204322152

Date: 10-04-21

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10/06/2021 15:56:57

P A Y M E N T R E G I S T E R

PAYMENT SESSION

PAGE 1  
41231

PAYMENT CYCLE GMP CK GMP CORP CHECK  
PAYMENT COMPANY 003 GEN MEDIA PARTNERS LLC  
PAYMENT DIVISION CORP GMP GROUP  
BANK ACCOUNT CORPORATE GMP CORP CHECKS

PAYMENT DATE 10/06/2021  
ACCOUNTING DATE 10/06/2021  
PAYMENT METHOD 01 Checks  
BANK ACCOUNT CURRENCY USD US DOLLARS

PAYMENT REF VENDOR VENDOR/FACTOR NAME VOID/ACCOUNTING  
INVOICE ID INTERNAL ID DUE DATE  
511525 1007 FLORIDA DEPARTMENT OF STATE 125.00 .00 125.00

	TOTAL FOR BANK ACCOUNT CURRENCY	TOTAL FOR PAY METHOD	DEDUCTIONS	PAYMENT AMOUNT	PAY BASE
**** TOTAL FOR BANK ACCOUNT CURRENCY	125.00	.00		125.00	
**** TOTAL FOR BASE CURRENCY	125.00	.00		125.00	USD
**** TOTAL FOR PAYMENT CURRENCY	125.00	.00		125.00	USD

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10/06/2021 15:56:57

P A Y M E N T R E G I S T E R

PAYMENT SESSION

PAGE 2

PAYMENT CYCLE  
PAYMENT COMPANY  
PAYMENT DIVISION  
BANK ACCOUNT

PAYMENT DATE  
ACCOUNTING DATE  
PAYMENT METHOD  
BANK ACCOUNT CURRENCY USD

PAYMENT REF  
INVOICE ID  
VENDOR  
VENDOR/FACTOR NAME  
INTERNAL ID  
VOID/ACCOUNTING  
DUE DATE

GROSS AMOUNT

DEDUCTIONS

PAYMENT AMOUNT

PAY BASE  
CUR CUR S V

***** TOTAL FOR BANK ACCOUNT CURRENCY *****		G R A N D T O T A L S		*****	
***** TOTAL FOR BASE CURRENCY	125.00	125.00	.00	125.00	
***** TOTAL FOR PAYMENT CURRENCY	125.00	125.00	.00	125.00	USD

\*\*\*\*\* END OF REPORT \*\*\*\*\*