# 112001245

(Requestor's Name)								
(Address)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
(Dodding it Harrison)								
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## COVER LETTER

го:	Registration Section Division of Corporations	~
UBJE	Engage Buzz Media LLC	
		me of Limited Liability Company
Existen	ce, and check are submitted to register the abov	y Company for Authorization to Transact Business in Florida." Certificat re referenced foreign limited liability company to transact business in Florida.
lease i	return all correspondence concerning this matter	r to the following:
	Ingrid N. Gamero	
		Name of Person
	Engage Buzz Media LLC	
		Firm/Company
	2514 Hollywood Blvd., Suite 504	
		Address
	Hollywood, FL 33020	
		City/State and Zip Code
	INGRIDGAMERO@OUTLOOK.CO	DM .
	E-mail address: (to	be used for future annual report notification)
or furt	her information concerning this matter, please of	call:
	Ingrid Gamero	720 400-4661
	Name of Contact Person	at ()
	Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations		Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE  ✓ \$125.00 Filing Fee ☐ \$130.00 Filing F  Certificate	Fee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate



October 4, 2023

INGRID N GAMERO 2514 HOLLYWOOD BLVD STE 504 HOLLYWOOD, FL 33020

SUBJECT: ENGAGE BUZZ MEDIA LLC

Ref. Number: W23000135669

We have received your document for ENGAGE BUZZ MEDIA 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 business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

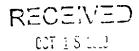
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

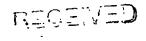
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 92

Letter Number: 923A00022900





# 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:

	name adopted for the purpose of transacting business in Fl	orida. The alternate nam	must include "Lamited Liabilit	y Company," "L,1	L C," or "Ll
State of Colorado		7			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if	applicable)	
N/A					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration ) ne penalty hability)	<del>-</del>	_	
657 85th Street		6			
ect Address of Principal Office)		(Maili	ng Address)		
Miami Beach, Fl 3314	1				
<del></del>	· · · · · · · · · · · · · · · · · · ·	-	<u>_</u> _		
<del>-</del>				<del>.</del>	<del></del>
Name and street address	s of Florida registered agent: (P.O. Box	NOT accordable	, ·	n.a.	
<u>saray addies</u>	g or rounda registered agent. (1.0. Do.)	NOT acceptance	,	5 <b>8</b> 63 U∼∗	
	Ingrid Gamero			٠.	
Name:					
	257.05 L W			<b>G</b> 0	-
Office Address:	657 85th Street				r-
				$\dot{\sim}$	
	Miami Beach	Ľ	33141 lorida -	<del>6</del> 1	
	(City)	, , r	(Zip code)	_	
gistered agent's accen-	tance.				
gistered agent's accept ving been named as rej	tance: gistered agent and to accept service of p	rocess for the ab	ove stated limited liabi	lity compan	v at the

(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: Title or Capacity: Name and Address: Name: Ingrid Gamero □Manager □ Manager Name: Address: \_\_\_657 85th Street ■Member ☐ Member Address: \_\_\_\_\_ Miami Beach, FL 33141 □ Authorized ☐ Authorized Person Person President ■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\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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)

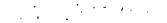
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

Signature of an authorized person

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ingrid Samero

Ingrid Gamero



# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

# CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Engage Buzz Media LLC

is a

## Limited Liability Company

formed or registered on 06/03/2021 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20211531045.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/31/2023 that have been posted, and by documents delivered to this office electronically through 09/05/2023 @ 10:45:05.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/05/2023 @ 10:45:05 in accordance with applicable law. This certificate is assigned Confirmation Number 15293692



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/Certificate/Search/Criteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov/click/"Businesses, trademarks, trade names" and select "Frequently Asked Questions"