

## Florida Department of State

Division of Corporations

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Foreign Limited Liability Company  
**DIGILICIOUS MEDIA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
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DIGILICIOUS MEDIA LLC

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**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. DIGILICIOUS MEDIA LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- DIGILICIOUS MEDIA 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. CALIFORNIA 3. 81-3776302  
(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 & 605.2003, F.S. to determine penalty liability)
5. 1825 PONCE DE LEON BLVD 6. 1825 PONCE DE LEON BLVD  
(Street Address of Principal Office) (Mailing Address)
- UNIT 63 UNIT 63
- MIAMI, FL 33134 MIAMI, FL 33134

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

Name: CHAIM CHAD GLICKEN

Office Address: 1825 PONCE DE LEON BLVD., UNIT 63

MIAMI, 33134  
(City) , 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 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.*

X Chaim Glick  
(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):

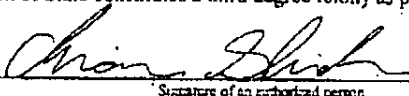
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: CHAIM CHAD GLICKEN	<input type="checkbox"/> Manager	Name: STEPHANIE GLICKEN
<input type="checkbox"/> Member	Address: 1825 PONCE DE LEON BLVD	<input type="checkbox"/> Member	Address: 1825 PONCE DE LEON BLVD
<input type="checkbox"/> Authorized	UNIT 63	<input type="checkbox"/> Authorized	UNIT 63
Person	MIAMI, FL 33134	Person	MIAMI, FL 33134
<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 a false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

X



Signature of an authorized person

CHAIM CHAD GLICKEN

Typed or printed name of signer



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: DIGILICIOUS MEDIA LLC  
Entity No.: 201911510287  
Registration Date: 04/22/2019  
Entity Type: Limited Liability Company - CA  
Formed In: CALIFORNIA  
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 07, 2024.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, PH.D.  
Secretary of State

Certificate No.: 235917028

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).