

F1000000900

(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



700163688327

12/28/09--01014--004 **70.00

02/23/10--01021--002 **650.00

FILED
10 FEB 19 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W09-56037

EP 2/23/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 FEB 19 PM 3:00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

December 29, 2009

LORI MCCARROLL CONTROLLER
144 BAIN DRIVE, SUITE 100
LAVERGNE, TN 37086

RECEIVED JAN 04 2009

SUBJECT: SKYLINE EXHIBIT GROUP INC.
Ref. Number: W09000056037

We have received your document for SKYLINE EXHIBIT GROUP INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.
- ✓ The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.
- ✓ 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.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

✓ 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) 245-6062.

Eula Peterson
Regulatory Specialist II

Letter Number: 909A00039396

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Skyline Exhibit Group Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lori McCarroll, Controller
(Name of Person)

Skyline Exhibit Group, Inc.
(Firm/Company)

144 Bain Drive, Suite 100
(Address)

LaVerne TN 37084
(City/State and Zip code)

For further information concerning this matter, please call:

John Hamari, President
Lori McCarroll at (615) 287-9800 x 219
(Name of Person) Controller (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILED
10 FEB 19 PM 3:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Skylite Exhibit Group Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Tennessee 3. 62-1798516
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11-1-99 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. November 2008
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 144 Bain Drive, Suite 100 LaVergne TN 37086
(Principal office address)

same as above
(Current mailing address)

8. trade show exhibit rentals, sales + install/dismantle services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: AGENTS AND CORPORATIONS, INC.

Office Address: 300 FIFTH AVENUE SOUTH, SUITE 101-330

NAPLES, Florida 34102
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Agents and Corporations, Inc.

By: [Signature] V.P.
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

N/A

Chairman:

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

FILED
10 FEB 19 PM 3:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President:

John Hamari

Address:

144 Bain Drive Suite 100 LaVergne TN 37084

Vice President:

—

Address:

Secretary:

Tracy Hamari

Address:

144 Bain Drive Suite 100 LaVergne TN 37084

Treasurer:

—

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13:

John Hamari

(Signature of Director or Officer listed in number 12 of the application)

14:

John Hamari

(Typed or printed name and capacity of person signing application)



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

EXHIBITOR SOURCE
144 BAIN DRIVE
SUITE 100
La Vergne, TN 37086 USA

February 11, 2010

Request Type: Certificate of Existence/Authorization

Request #: 0007948

Issuance Date: 02/11/2010

Copies Requested: 1

Document Receipt

Receipt #: 58641

Filing Fee: \$20.00

Payment-Check/MO - EXHIBITOR SOURCE, La Vergne, TN

\$20.00

Regarding: SKYLINE EXHIBIT GROUP, INC.

Filing Type: Corporation For-Profit - Domestic

Control #: 378877

Charter/Qualification Date: 10/21/1999

Date Formed: 10/21/1999

Status: Active

Formation Locale: Davidson County

Duration Term: Perpetual

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that

SKYLINE EXHIBIT GROUP, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State which affect the existence/authorization of the business;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination.

Tre Hargett
Tre Hargett, Secretary of State
Business Services Division

FILED
10 FEB 19 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA