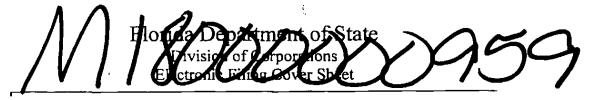
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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 : (702)866-2500 Phone Fax Number : (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Foreign Limited Liability Company Elevate Entertainment Payroll Services, LLC

| | | <u>-</u> |
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| Certificate of Status | | 0 |
| Certified Copy | | 1 |
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COVER LETTER

| | Elevate Enterta | ninment Payroll Services, LL | c | | |
|--|--|--|---|--|--|
| SUBJECT: _ | Name of Limited Liability Company | | | | |
| The enclosed " Existence, and | *Application by Fo | reign Limited Liability Comp ed to register the above refer | pany for Authorization to T enced foreign limited liabil | ransact Business in Florida," Certificate ity company to transact business in Flori | |
| lease return a | ill carrespondence | concerning this matter to the | following: | | |
| | Erin Regan | | • | • | |
| | | N | ame of Person | | |
| | InCorp Service | es, Inc. | | | |
| | | F | irm/Company | | |
| | 3773 Howard | Hughes Pkwy, Suite 500S | | | |
| | | | Address | | |
| | Las Vegas, NV | / 89169-6014 | | | |
| | | City/S | tate and Zip Code | | |
| | managedrepor | ts@incorp.com | | | |
| | | E-mail address: (to be use | d for future annual report n | otification) | |
| for further info | ormation concernit | ng this matter, please call: | | | |
| Erin Regan for InCorp Services, Inc. | | 702 86 | 66-2500 | | |
| | Name | of Contact Person | at () Area Code D | aytime Telephone Number | |
| MAILING ADDRESS: Division of Carporations Registration Section | | STREET ADDRESS: Division of Corporations Registration Section | | | |
| P.O.1 | P.O. Box 6327 Tallahassee, FL 32314 | | Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |
| | theck for the follow 25.00 Filing Fee | ving amount: \$130.00 Filing Fee & Certificate of Status | 置 \$155.00 Filling Fee & Certified Copy | ☐ \$160,00 Filing Fee, Certificate of Status & Certified Copy | |

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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. Elevate Entertainment Payroll Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LL.C.") (If name unavailable, crace alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC," or "LLC." California (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 4. Upon Registration (Date first transacted business in Flunds, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 5. 6000 Indian School Rd NE 6. 6000 Indian School Rd NE (Street Address of Proceps) Office) (Alailing Address) Ste 110 Ste 110 Albuquerque, NM 87110 Albuquerque, NM 87110 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: [Florida 33470 Loxuhatchee (City) 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. Erin Regan on behalf of InCorp Services, Inc. (Registered agent's ognature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Managing Member Yvonne A. Ortiz 6000 Indian School Rd NE Ste 110 Albuquerque, NM 87110 Managing Member Benedetto Giambrone 6000 Indian School Rd NE Ste 110 Albuquerque, NM 87110 (Use attachments if necessary) 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 505.0203 (1) (b), Florii: . 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. sutborized person

Typed or printed same of vignee

Yvonne A. Ortiz

H180000321603

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: ELEVATE ENTERTAINMENT PAYROLL SERVICES, LLC

FILE NUMBER: FORMATION DATE:

201617310171 06/15/2016

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, 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 January 23, 2018.

ALEX PADILLA Sccretary of State

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