# FOLOGO OF UTTO

TO: Registration Section Division of Corporat			\		
SUBTROTE L.E.A	E. Inc	O	1///		
Dear Sir of Madam:	(Name of corporation) 185 - DO310	on - must include suffix) - 00547 -	00le7	1	MIII
The enclosed "Application b "Certificate of Existence", ar to transact business in Florid	nd check are submitted to r	Authorization to Transact register the above reference	Business in leed foreign co	Florida", rporation	<b>986 63</b> 8 3
Please return all corresponde  Stacey  1	natson	$\mathcal{U}$	01-192	217	
	(x varite or	Person)		<del></del> `	•
L.E.E.,I	inc	•			
L.E.E., I	(Firm/Co	mpany 600004	578AA	IS0	÷— ;
PO BOX 1	1641	***** -D3/10	//0101113 *78.75 **	022 ****70 7c	<u> </u>
	(Addr	ess)		10:19	
Columbia	SC 29211-	1641			
	(Addr ,5C 29211-, (City/State a	nd Zip code)			. <del>2</del> 1. =
For further information conce					
Stacey Matson	at ( \$03	1254-8403		NATI IS 0	
(Name of Person)	at ( 303 (Area C	Code & Daytime Telephon	e Number)		•
		•	ŕ	P I I ETARY HASSE	= :
STREET ADDRESS:	· -	MAILING ADDRESS:		AM 10: 30 OF STATE E. FLORID.	ED 03
Registration Section Division of Corporations		Registration Section			
109 E. Gaines St.		Division of Corporations P.O. Box 6327	3	30 TE DA	-
Tallahassee, FL 32399		Tallahassee, FL 32314			
Enclosed is a check for the fo	llowing amount:				
	678.75 Filing Fee &  Certificate of Status	\$78.75 Filing Fee & Certified Copy	J \$87.50 Fil Certificat Certified	e of Status &	



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 20, 2001

STACEY MATSON L.E.E., INC. P.O. BOX 11641 COLUMBIA, SC 29211-1641

SUBJECT: L.E.E., INC.

Ref. Number: W01000019277

We have received your document for L.E.E., INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 001A00047499

#### RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned STRPHEW & LIPSCOMB, do hereby certify (Name)
that this Resolution of the Board of Directors of L. E. E., INC.
(Corporate Name)
a corporation duly organized and existing under the laws of the State of South CAROLINA,
was duly adopted on,
Be it resolved, that L, E, E, /NC. (Corporate Name)
organized and existing in the State of SOUTH CAROLINA, hereby adopts the name  LIPSCOMB ENTERTAINMENT ENTERPRISES, Inc. for use in Florida.
Dated:
STEPHEN E LIPSCOMP

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### 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.

1. L.E.E., Inc.  (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. South Carolina 3. 57-1116224 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Ol-Ol-Ol 5. Dev petual (Duration: Year corp. will cease to exist or "perpetual")
6. O 1 - O 1 - O 1 (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
- 1047 Mallard Dr Panama City FC 32404
7. 1847 Mallard Dr., Panama City, FC 32404 (Principal office address)
PO Box 1/641, Columbia, 5C 29211-1641  (Current mailing address)
8. Operation of coin-operated amusement machines at various location (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 or Mail Drop Box NOT acceptable)
Name: Wallace Harris
Office Address: 1847 Mallard Dr.  Panana City , Florida 32404 (Zip code)  (City) (Zip code)
Private City Florida 32404 SER = =
Panama City, Florida 32404 (Zip code)
10. Deviate and accept's acceptance.
Unying been named as registered agent and to accept service of process for the above stated corporation at the quace
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.
dudes, and I am rammar with any total to the
(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
the Department of State, by the Secretary of State of States Sandal Maring Secretary

under the law of which it is incorporated.

	a business addresses of officers	s and/or directors:		
A. DIRECTO		4 ° +	•	
Chairman:	•		<u> </u>	
		1. 3.		
Vice Chairman:				
Address:				
***	-			to Andrewson ground a summer
Director:				<u> </u>
Address:			ж	
B. OFFICERS	3			
President:	Stephen E. Lips	cemb		
Address: 3	911 Kilbourne Rd	4	<u></u>	
	olumbia, 5C 29209			
Vice President: _			4	<u> </u>
Address:	<del></del>		·	4 - 7 - 7 A - A
Secretary:				· .
rddress.				<u> </u>
NOTE: If neces	ssary, you may attach an addend	um to the application listi	ing additional officers and	d/or directors
	(Signature of Chairman, Vice C	hairman, or any officer lis	sted in number 12 of the a	application)
451	Typed or printed name	В		· · · · · · · · · · · · · · · · · ·
	(Typed or printed name	and capacity of person sig	gning application)	- No. 1

### The State of South Carolina



## Office of Secretary of State Jim Miles Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

#### L.E.E., INC.,

a corporation duly organized under the laws of the State of South Carolina on **January 31st, 2001**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 6th day of August, 2001.

Jim Miles, Secretary of State