409000002928

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Dushiess Entity Name)
(December 1)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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RECEIVED DEPARTMENT OF STATE

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2009

DR. W. RONALD TUCKER 5852 PARSONS RD. MILTON, FL 32570

SUBJECT: SOUTH EASTERN ENTERTAINMENT - UNITED STATES, INC.

Ref. Number: W09000031865

We have received your document for SOUTH EASTERN ENTERTAINMENT - UNITED STATES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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: 409A00023792

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: GOUTH EAGLEK ENTERTHINGS IN Name of Corporation – must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
PR. W. PONAND TUCKER
GUTHEASTERN ENTERTAINMENT-U.G. INC
5652 PARGONI RA
Address MILTING FL 32570
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
M. M. M. Mame of Person Name of Person Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$\text{\$\sum_{\text{S}}\$70.00 Filing Fee & Certificate of Status}\$\text{\$\sum_{\text{S}}\$78.75 Filing Fee & Certificate of Status}\$\text{\$\sum_{\text{S}}\$87.50 Filing Fee, Certificate of Status & Certified Copy}\$

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. South Eg tern Entertaine of the 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. Feorgia 3. 27-021-5054 3
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")
5 July 7 2009
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5852 Parsons Rd M. Hon FL 32570 (Principal office address)
5853 Parsons Rd. Milton, FL 335 70 (Current mailing addless)
8.To propose(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: Dr. W. Kanald lucker
Office Address: 585% Karsons Rd
(City), Floridac 325 (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.

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 addresses of officers and/or directors:

A. DIRECTORS
Chairman: TR W. RUHD TUIRER
Address: 5652 PAKSONS R.
- WILLIAM FARTER
Vice Chairman: A S A A A A A A A A A A A A A A A A A
Address: 6 H + C + H () + H + H + H + H + H + H + H + H + H +
Director: ZANKSH PATEL
Address: ABO EAGLEG NEGT OF
CLARKG VILLE OF ORGIA 30523
Director: M. C. H.
Address: 3 AMBHUBE AND AMBHUBE
B. OFFICERS
President: Dr. Company of the Compan
Address: 4994 PARGUNG ROLL ROLL ROLL ROLL ROLL ROLL ROLL ROL
Vice President: GEDRGE PARKER
Address: GHOL ENARANERS.
PLANT UTVIEW 33567
Secretary: M. R. R. R. T. C. R.
Address: 9999 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address: 7651 PARGUAGE RESIDENT TOUR FLATING THE STATE OF
Address: 565 PHRSOND RD, MILTON, FR 37910
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Cryped of printed name and capacity of person signing application)

Control No. 09034480

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

SOUTHEASTERN ENTERTAINMENT- US INC.

Domestic Non-Profit Corporation

was formed or was authorized to transact business on 05/13/2009 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 18th day of June, 2009

Karen C Handel Secretary of State

Fain CHandel

Certification Number: 4408672-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp