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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | , #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Вс | usiness Entity Nam | ne) ., |
| (Do | ocument Number) | . 115 50 |
| Certified Copies | _ Certificates | of Status. ² |
| Special Instructions to | Filing Officer: | |
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| | Office Use Onl | lv |



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2009 DEC 10 PN 4: 30
SECRETARY OF STATES

T. BURN DEC. 1.1 2008

COVER LETTER

| FO: New Filing Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: CENTERX - PRODUCTIONS, 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," or "Certificate of Good Standing" 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: | | | | |
| Anne E. Simerman | | | | |
| Name of Person | | | | |
| Barrett & McNagny LLP | | | | |
| Firm/Company | | | | |
| 215 E. Berry Street | | | | |
| Address | | | | |
| Fort Wayne, Indiana 46802 | | | | |
| City/State and Zip code | | | | |
| aes@barrettlaw.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Anne E. Simerman at (260) 423-9551 | | | | |
| Name of Person 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 \$\bigcup \\$78.75 Filing Fee & \bigcup \\$78.75 Filing Fee & \bigcup \\$878.75 Filing Fee, Certificate of Status & Certified Cop Certified Copy | | | | |

2009 DEC 10 PM 4: 30

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| CenterX-Pro | ductions, Inc. | | | |
|--|--|-------------------------|---|----------------|
| | orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.") | ΈD, | ," "COMPANY," "CORPORATION," | PSSE, FI |
| (If name unavaila | able in Florida, enter alternate corporate n | ame | adopted for the purpose of transacting business in Florida | |
| Indiana | | 3. | 06-1741876 | 1.> |
| | under the law of which it is incorporated) | | (FEI number, if applicable) | - . |
| 1/24/2005 | | 5. | perpetual | |
| (Date | of incorporation) | | (Duration: Year corp. will cease to exist or "perpetual") | _ |
| | · | | | |
| | | | | |
| | | | in Florida, if prior to registration) 502 F.S., to determine penalty liability) | |
| . 2147 Dortor I | (SEE SECTIONS 607.1501 & 60 | 7.1: | 502, F.S., to determine penalty liability) | |
| .2147 Porter L | (SEE SECTIONS 607.1501 & 60 ake Drive, Unit B, Sarasota, FL |)7.1: 34 | 502, F.S., to determine penalty liability) | _ |
| <u> </u> | (SEE SECTIONS 607.1501 & 60 ake Drive, Unit B, Sarasota, FL (Principal office | 07.1 34 add | 502, F.S., to determine penalty liability) 4240 Iress) | _ |
| <u> </u> | (SEE SECTIONS 607.1501 & 60 ake Drive, Unit B, Sarasota, FL | 34 add 80 | 502, F.S., to determine penalty liability) 1240 1ress) | - |
| <u> </u> | (SEE SECTIONS 607.1501 & 60 ake Drive, Unit B, Sarasota, FL (Principal office e Drive, Fort Wayne, Indiana 46 | 34 add 80 | 502, F.S., to determine penalty liability) 1240 1ress) | - |
| 829 Lawrence | (SEE SECTIONS 607.1501 & 60 ake Drive, Unit B, Sarasota, FL (Principal office e Drive, Fort Wayne, Indiana 46 (Current mailing | 34 add 804 add | 502, F.S., to determine penalty liability) 4.240 dress) | - |
| 829 Lawrence | (SEE SECTIONS 607.1501 & 60 ake Drive, Unit B, Sarasota, FL (Principal office e Drive, Fort Wayne, Indiana 46 (Current mailing | 34 add 804 add | 502, F.S., to determine penalty liability) 1240 1ress) | - |
| 829 Lawrence For any lega (Purpose(s | (SEE SECTIONS 607.1501 & 60 ake Drive, Unit B, Sarasota, FL (Principal office e Drive, Fort Wayne, Indiana 46 (Current mailing | 34 add 80 add | 502, F.S., to determine penalty liability) 4240 dress) duress) ountry to be carried out in state of Florida) | _ |
| 829 Lawrence For any lega (Purpose(s | (SEE SECTIONS 607.1501 & 60 ake Drive, Unit B, Sarasota, FL (Principal office) e Drive, Fort Wayne, Indiana 46 (Current mailing) of corporation authorized in home state of | 34 add 80 add | 502, F.S., to determine penalty liability) 4240 dress) duress) ountry to be carried out in state of Florida) | - |
| 829 Lawrence For any lega (Purpose(s) Name and stree | (SEE SECTIONS 607.1501 & 60 ake Drive, Unit B, Sarasota, FL (Principal office e Drive, Fort Wayne, Indiana 46 (Current mailing al purpose) of corporation authorized in home state of t address of Florida registered agent: | 34 add 880 add | 502, F.S., to determine penalty liability) 4240 dress) duress) ountry to be carried out in state of Florida) | - |
| 829 Lawrence For any lega (Purpose(s) Name and stree | (SEE SECTIONS 607.1501 & 60 ake Drive, Unit B, Sarasota, FL (Principal office e Drive, Fort Wayne, Indiana 46 (Current mailing al purpose) of corporation authorized in home state of t address of Florida registered agent: Randy T Gilmore | 34 add 880 add | 502, F.S., to determine penalty liability) 4240 dress) duress) ountry to be carried out in state of Florida) | - |

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.

(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 |
| Chairman: |
| Address: |
| |
| Vice Chairman: |
| Address: |
| |
| Director: Randali T. Gilmore |
| Address: 2147 Porter Lake Drive, Unit B |
| Sarasota, FL 34240 |
| Director: |
| Address: |
| |
| B. OFFICERS |
| President: Randall T. Gilmore |
| Address: 2147 Porter Lake Drive, Unit B |
| Sarasota, FL 34240 |
| Vice President: |
| Address: |
| |
| Secretary: Randall T. Gilmore |
| Address: 2147 Porter Lake Drive, Unit B, Sarasota, FL 34240 |
| Treasurer: |
| Address: |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) |
| 14. Randall T. Gilmore (Typed or printed name and capacity of person signing application) |
| (1) ped of printed name and capacity of person signing application) |

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

CENTERX - PRODUCTIONS, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 24, 2005, and was in existence or authorized to transact business in the State of Indiana on December 09, 2009.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Ninth Day of December, 2009.

TODD ROKITA, Secretary of State

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