

F10000002940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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MRP
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Turning Point Event Production Partners, 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:

Brooke Wexler
Name of Person
Turning Point Event Production Partners, Inc.
Firm/Company
5959 N. Magnolia, Suite 1
Address
Chicago IL 60660
City/State and Zip code
bwexler@turningpointeventproduction.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Brooke Wexler at (847) 341-2277
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
☒ \$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.

1. Turning Point Event Production Partners, 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. Illinois 3. 80-0584688
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4-26-10 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 5959 N. Magnolia Ave, Suite 1 Chicago IL 60660
(Principal office address)

Same
(Current mailing address)

8. The transaction of any or all lawful businesses for which corporations may be
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) incorporated under
the Illinois Business Corporation Act

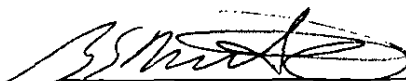
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Prometheus PARSEC, INC.

Office Address: 493 Boundary Blvd.
Rotonda West, Florida 33947
(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.

 George Mitchell
(Registered agent's signature) Account Manager

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.

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

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A. DIRECTORS

Chairman: _____

Address: _____

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TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Brooke Wexler

Address: _____

5959 N. Magnolia Ave Suite 1
Chicago, IL 60660

Director: _____

Jeffery Eason

Address: _____

5959 N. Magnolia Ave Suite 1
Chicago, IL 60660

B. OFFICERS

President: _____

Jeffery Eason

Address: _____

5959 N. Magnolia Ave Suite 1
Chicago IL 60660

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Brooke Wexler

Address: _____

5959 N. Magnolia Ave, Suite 1 Chicago IL 60660

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

13. _____

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

14. _____

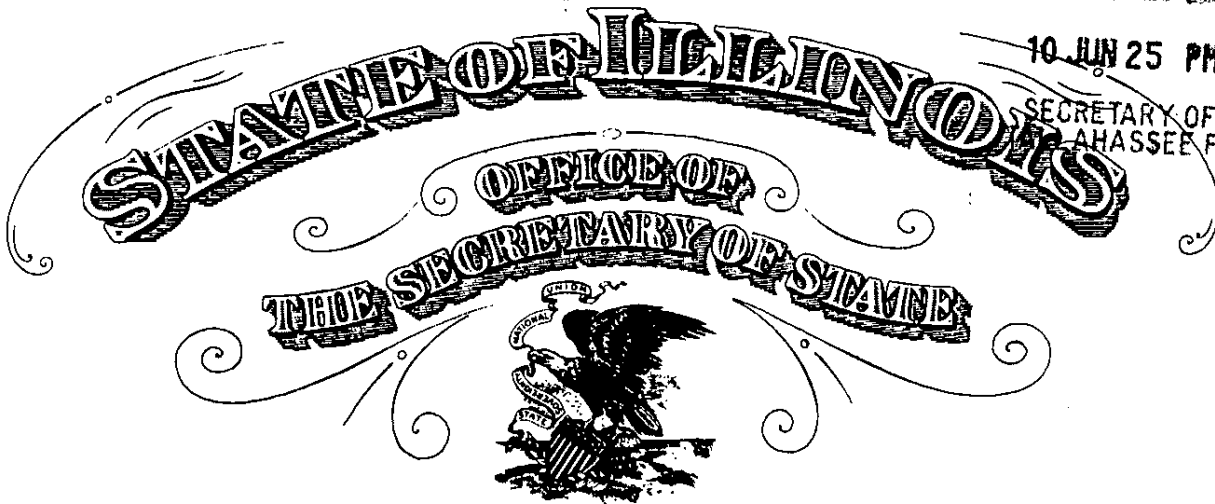
Jeffery Eason, Director Brooke Wexler, Director
(Typed or printed name and capacity of person signing application)

File Number 6747-030-3

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

TURNING POINT EVENT PRODUCTION PARTNERS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 24, 2010, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1014502314

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 25TH
day of MAY A.D. 2010*

Jesse White

SECRETARY OF STATE