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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	···
Certified Copies Certificates of St	atus
Special Instructions to Filing Officer:	
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SECRETARY OF STATE
ANSSEE FLORIDA

(M) 6/6

Law Offices ANTHONY R. PILEGGI

Chartered P. O. Box 302 Clarksville, Maryland 21029

Howard County Offices 2000 Century Plaza, Suite 420 10632 Little Patuxent Parkway Columbia, Maryland 21044 (301)441-3535 apileggi@pileggilaw.net Prince George's County Offices Belle Point Office Park 7703 Belle Point Drive Greenbelt, Maryland 20770

Please reply to post office box

Member of MD, D.C., PA Bar

June 3, 2013

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Special Delivery - Overnight Mail

Re: Take One Video, Ltd., Inc.

Attention:

Relative to the entity referenced above, enclosed please find the following for filing with your Department:

- 1. Cover Letter:
- 2. Check payable to Florida Department of State in the amount of \$87.50 for the filing fee, Certificate of Status and Certified Copy;
- 3. Application by Foreign Corporation Authorization to Transact Business in Florida; and
- 4. 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 the corporate records within the State of Maryland, the jurisdiction where the applicant was incorporated.

June 3, 2013 New Filing Section Division of Corporations Page 2

Please process the above and return the appropriate documents certifying the qualification of Take One Video, Ltd., Inc. within the State of Florida. Thank you for your assistance.

very truly yours

Anthony R. Pilegg

Enclosures as stated cc: Take One Video, Ltd.

COVER LETTER

2 2
TO: New Filing Section Division of Corporations
SUBJECT: TAKE ONE Video, Ltd., TAC. Name of corporation - must include suffix
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:
Anthony R. Pileggi, Eggoine Name of Person
Name of Person
LAW Offices of Anthony 2. Pileggi, Chartered Firm/Company
P. O. Box 302 Address
Address
CLACKSUILLE MD 21029 City/State and Zip code
City/State and Zip code
A Pileggia Pileggilaw. Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
An Thony 12. Pileggi at (301) 441-3535 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
S70.00 Filing Fee Scrifficate of Status S78.75 Filing Fee Scriffied Copy S87.50 Filing Fee, Certificate of Status Scriffied Copy 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
TAKE ONE VIDEO, LTD. 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 Figure 10. 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
2. MARNLAND (State or country under the law of which it is incorporated) 3. 52-1813389 (FEI number, if applicable)
4. 03/05/1993 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Approval of this Application
(Date first transacted business in Fibrida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1415 Forces Opive, Soite 1, ANNAPOlis, MARYLAND 21403 (Principal office address)
1415 Forest DAUE Soite 1 Annapolis, MARY LAND 21403
8. Motion Picture or video type products of All 121ND 5 (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 NOT acceptable)
Name: George Pearson
Office Address: 158 PINE NURST CIRCLE
NADLES Florida 34113
(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 C Penson
(Registored 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: NO DIREGORS - CORPORATION HAS EIECTED to operate without Directors A. DIRECTORS Chairman: _ Vice Chairman: Address: Director: __ Address: Address: _ **B. OFFICERS** President: DANie ItAliA WAY, NAPLES, FL 34113 Vice President: Address: Alia WAY, NAPLES, FL 34113 WAY, NAPLES NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. (Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

13 JUN -4 PM 4: 08

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT TAKE ONE VIDEO, LTD., INCORPORATED MARCH 05, 1993, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 29, 2013.

Paul B. Anderson Charter Administrator

Paul B. Undam



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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