

FL5000004047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

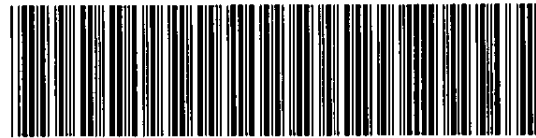
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800274791148

08/21/15--01018--014 **70.00

RECEIVED

15 AUG 21 PM 12:01

DIVISION OF CORPORATIONS

11.630

15 SEP 14 AM 2:44

OFFICE OF STATE
CLERK
TALLAHASSEE, FLORIDA

SEP 15 2015
J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2015

CORPORATE ACCESS

SUBJECT: BOYCE AVENUE LIVE, INC
Ref. Number: W15000056156

We have received your document for BOYCE AVENUE LIVE, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 215A00017785

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 8-20-15

- ☐ CERTIFIED COPY _____
- ☒ PHOTOCOPY _____
- ☐ CUS _____
- ☒ FILING Inc.

1. Boyce Avenue Live, Inc.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

Boyce Avenue Live, LLC
1920 Adelia St., Suite 300
Nashville, TN 37212


HAND DELIVERED

Florida Department of State
Division of Corporations

Dear Sir or Madam,

Boyce Avenue Live, LLC has no intention of or revoking the dissolution filed on May 28, 2015, and hereby releases the name for the use by Boyce Avenue Live, Inc.
If you should have any questions, please contact me.

Thank you,



Daniel Manzano, Manager

FILED
15 SEP 14 AM 2:44
TALLAHASSEE, FLORIDA
DIVISION OF STATE

**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. Boyce Avenue Live, 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. Delaware

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 06-24-2013

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 07/30/2015

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

7. 1920 Adelicia St. #300, Nashville, TN 37212

(Principal office address)

1920 Adelicia St. #300, Nashville, TN 37212

(Current mailing address)

8. Concert Touring

(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: eResidentAgent, Inc.

Office Address: 236 E 6th Ave.

Tallahassee

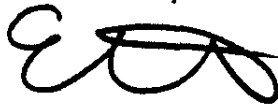
(City)

, Florida 32303

(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.



(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.

15 SEP 14 AM 2:44
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Alejandro L Manzano

Address: 1920 Adelia St. #300, Nashville, TN 37212

Vice Chairman: Daniel E Manzano

Address: 1920 Adelia St. #300, Nashville, TN 37212

Director: Fabian R Manzano

Address: 1920 Adelia St. #300, Nashville, TN 37212

Director: _____

Address: _____

B. OFFICERS

President: Daniel E Manzano

Address: 1920 Adelia St. #300, Nashville, TN 37212

Vice President: Alejandro L Manzano

Address: 1920 Adelia St. #300, Nashville, TN 37212

Secretary: Todd Kamelhar

Address: 1920 Adelia St. #300, Nashville, TN 37212

Treasurer: Fabian R Manzano

Address: 1920 Adelia St. #300, Nashville, TN 37212

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

13. Todd Kamelhar

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.

14. Todd Kamelhar, Secretary

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOYCE AVENUE LIVE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

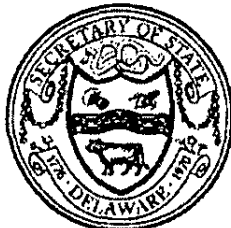
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOYCE AVENUE LIVE, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2013.

15 SEP 14 AM 2:44
SECRETARY OF STATE
PALM BEACH, FLORIDA

5356291 8300

151196301



You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2662443

DATE: 08-20-15