

1201 HAYS STREET
TALLAHASSEE, FL 32301
(904) 241-3911 FAX



networks

PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO : 07200000032

REFERENCE : 695978 86901D

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : October 2, 1995

ORDER TIME : 10:22 AM

ORDER NO. : 695978

CUSTOMER NO: 86901D

CUSTOMER: Mr. Herb Berkowitz
PRENTICE HALL LEGAL &
FINANCIAL SERVICES
375 Hudson Street

New York, NY 10014

400001606884
-10/11/95--01081--015
****327.50 ****327.50

400001606884
-10/11/95--01081--016
*****10.00 *****10.00

DOMESTIC FILING

NAME: EVENT CONCEPTS AND SERVICES,
L.C.

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

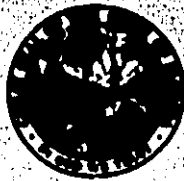
☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry

EXAMINER'S INITIALS: _____

95 OCT -2 AM 11:09
DIVISION OF CORPORATION TALLAHASSEE, FLORIDA
95 OCT -2 PM 2:54
FILED
SECRETARY OF STATE

T. BROWN OCT - 3 1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

RECEIVED
OCT -3 AM 9 23
DIVISION OF CORPORATIONS

October 2, 1995

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: EVENT CONCEPTS AND SERVICES, L.C.
Ref. Number: W95000019654

*Corrected
Please Backdate
to 10/2.
Thanks*

We have received your document for EVENT CONCEPTS AND SERVICES, L.C. and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The number 4 on the affidavit should be the total amount of numbers 2 and 3 on the affidavit.

Please return the enclosed check for \$337.50 or a newly issued check with your corrected document.

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 (904) 487-6932.

Teresa Brown
Corporate Specialist

Letter Number: 195A00044789

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

FILED
95 OCT -2 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Event Concepts and Services, L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

202 ATP Tour Boulevard, Suite 210
Ponte Vedra Beach
Florida 32082

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Fifty (50) years, ending on December 31, 2045

ARTICLE IV - Management:

(check and complete the appropriate statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Erwin Baumgartner, Ringstrasse 80, 56077 Koblenz, Germany

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

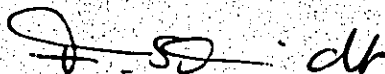
N/A

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

N/A

IN WITNESS WHEREOF, the undersigned has executed the foregoing Articles of Organization of Event Concepts and Services, L.L.C. this 8th day of September, 1995



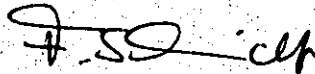
Frank Schmidt

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

Event Concepts and Services, L.C. deposes and says:

- 1) the above named limited liability company has at least two members.
- 2) the total amount of cash contributed by the member(s) is \$10,000.00.
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ N/A. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 10,000.00. This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

On September 8, 1995 before me appeared Frank Schmidt, personally
known to me, who signed in my presence the foregoing Affidavit and
acknowledged to me that he executed the same.


Notary Public

EBERHARD H. ROHM
NOTARY PUBLIC, State of New York
No. 31-4824491
Qualified in New York County
Commission Expires December 31, 1996

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
95 OCT -2 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OF-
FICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the limited liability company is: _____

Event Concepts and Services, L.C.

2. The name and address of the registered agent and office is:

The Prentice-Hall Corporation System, Inc.

(Name)

1201 Hays Street, Suite 105

(P.O. Box not acceptable)

Tallahassee, Florida 32301

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Vicki Schreiber

(Signature)

Vicki Schreiber
Assistant Vice President

9/29/95

(Date)

2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or
After August 21, 1996. If Dissolved, Minimum Amount
Due To Reinstate: \$738.75

APPROVED
AND
FILED

96 JUL -8 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE
\$ 263.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L95000000750**

EVENT CONCEPTS AND SERVICES, L.C.
202 ATP TOUR BLVD.
SUITE 210
PONTE VEDRA BEACH FL 32082

1a. Principal Place of Business Address

202 ATP TOUR BLVD.
SUITE 210
PONTE VEDRA BEACH FL 32082

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

"SAME"

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

10/02/1995

3a. State of Formation

FL

4. FEI Number

58-221-7225

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

7. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM,
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BAUMGARTNER, ERWIN	RINGSTRASSE 80	56077 KOBLENZ, GERMANY
MGR	Carper, Jennifer	202 ATP TOUR Blvd, Rm 210	Ponte Vedra, FL 32082
700001891137 -07/11/96--01061--007 ***263.75 ***263.75 A-B 96			

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Jennifer Carper June 26, 1996 904 265492