MOOL Reguester's Name	002210
Address OV (ando H. 32) City/State/Zip Phone #	6000034357560 -10/23/0001121007 *****125.00 *****125.00
	Office Use Only
(Corporation Name)	(Document #)
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(Corporation Name)	
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy S Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to exist or "perpetual") 8. If limited liability company is a manager-managed company, check here-9. The usual business addresses of the managing members or managers are as follows: Shurace Ave 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official havingodysof records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreignuage, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Destination Signature of a member or an authorized representative of a member.

(In accordance with section608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The Key Event Group, LC

1. The name of the Limited Liability Company is:

2. The name and the Florida street address of the registered agent and office are:
Valerie Woodke Hershiser
7125 Somer ton BIVOL Florida street address (P.O. Box NOT ACCEPTABLE)
Orlando FL 32819 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 as provided for in Chapter 608, Established (Signature)
\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Secretary of State **Division of Business Services** 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 09/25/2000 REQUEST NUMBER: 00269118 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/04/1997 STATUS: ACTIVE CORPORATE EXPIRATION DATE: 12/04/2047 CONTROL NUMBER: 0341575 JURISDICTION: TENNESSEE

TO: CFS PMB 333 7051 HIGHWAY 70 SO. NASHVILLE, TN 37221

REQUESTED BY: REGULATION BI. CFS PMB 333 7051 HIGHWAY 70 SQ NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"KEY EVENTS, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID: THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED; THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

PMB 333 7051 HWY 70 SOUTH NASHVILLE, IN 37221-0000

ON DATE: 09/25/00

RECEIVED:

FEES \$260.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$260.00

RECEIPT NUMBER: 00002743800 ACCOUNT NUMBER: 00101230

FROM:

RILEY C. DARNELL SECRETARY OF STATE

Keley C Darnell