

ACCOUNT NO. : 072100000032

REFERENCE

003147

5020855

AUTHORIZATION

COST LIMIT :

\$ 125.00

ORDER DATE: February 13, 2001

ORDER TIME: 11:38 AM

ORDER NO. : 003147-005

CUSTOMER NO:

5020855

100003789981--1

CUSTOMER: Ms. Amy Hall-schneider

The Nathanson Group Pllc

1411 Fourth Ave.

Suite 905

Seattle, WA 98101

FOREIGN FILINGS

NAME: EVENT SAVVY LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson -- EXT# 1155

EXAMINER:



February 28, 2001

CSC JANNA WILSON

SUBJECT: EVENT SAAVY LLC Ref. Number: W01000004624

We have received your document for EVENT SAAVY LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The document must contain the usual business addresses of its managing members or managers.

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 (850) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 901A00012556

400-040-113

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 RECISTER A F	'OREIGN	
IN COMPLIANCE WITH SECTION 608:303, FILERICA STATE OF FLORIDA. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.		
1. Event Savvy LLC (Name of foreign lumited liability company)		• •=
2. Wasnington (Jurisdiction under the law of which foreign limited liability company is organized) 3. 91-20968998 (FEI number, if applicable)		
4. February 5, 2001 (Date of Organization) 5. perpetual (Duration Year limited liability company will cease exist or "perpetual")	to .	
6. Upon filing. (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)		
7. 25945 NE 32nd St	. 	
Redmond, WA 98053 (Street address of principal office)		
8. If limited hability company is a manager-managed company, check here		
The name and usual business addresses of the managing members or managers are as follows:		
Ms. Patricia Clusserath, Member		
25945 N.E. 32nd Street		
Redmond, Washington 98053		
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custor the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is ma foreign language translation of the certificate under each of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Event Planning and		
		
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated nerein are true.) Patricia Clusserath	I FFT 28 P LOKE DAY O LLAMASSEE	
Typed or printed name of signee	M 3: 09 F S TATE FLORID	

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.

EVENT SAVVY, LLC		· · · · · · · · · · · · · · · · · · ·	
The name and the Florida street address	s of the registered :	agent and office are:	
Corpor	ration Service Co	mpany	,
	(Name)		
	1201 Hays Street		
Florida street add	dress (P.O. Box NOT	ACCEPTABLE)	
Tallahassee	FL	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 as provided for in Chapter 608, F.S..

BRIAN COURTNEY, ASST. V.P.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

EF 28 PH 3: 09

STATE of WASHINGTON



SECRETARY of STATE

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

EVENT SAVVY LLC

I FURTHER CERTIFY that the records on file in this office show that the above named limited liability company was formed under the laws of the State of Washington and was issued a Certificate of Formation in Washington on February 5, 2001.

I FURTHER CERTIFY that as of the date of this certificate, no cancellation has been filed, and that the limited liability company is duly authorized to transact business in the limited liability company form in the State of Washington.



Date: February 13, 2001

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sm______Sam Reed, Secretary of State

11 FTB 28 PH 3: 09