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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Collegia te 2015 History South - LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

John Elykins Stat (80) 939-8683 (Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:
1. ("EllEGIATE SOLYS FISTORY South LLC (Name of Foreign Limited Liability Company)
2. LEN For Company is organized) 3. C1-0678747 (FEI number, if applicable)
4. O4/04/02 (Date of Organization) 5. Unknown - PERPETCIA (Duration: Year limited liability company will cease to exist or "perpetual")
6. UPCN GARFICH FIEN (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 7742 ICIMINS LANDING SS
7. 7242 ZCIMINS LANDING PERSON STATES (Street Address of Principal Office)
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
JOHN ELYKINS SKY 7242 Irinms LANding
BARBARA LYKINS HAVANKE FL. 32566
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a 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:
AdvERTising
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 penjury that the facts stated herein are true.)
John ElyKing SR.
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.

1. The name of the Limited Liability Company is:	1/4 11 C
2. The name and the Florida street address of the registered agent and office are:	
John ELyKins SR	OS OCT
1 (Name)	ASSA
7742 Drimms LANding	Eng P
Florida Street Address (P.O. Box NOT ACCEPTABLE)	3: OC
NAVATERE FL 32566 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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Commonwealth of Kentucky Trey Grayson Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

COLLEGIATE SPORTS HISTORY-SOUTH LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is April 4, 2002.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 3rd day of October, 2005.

Certificate Number: 20769

Jurisdiction: Collegiate Sports History-South LLC

Visit http://apps.sos.ky.gov/business/obdp/certvalidate aspx_to validate the authenticity of this

certificate.



Trey Grayson Secretary of State Commonwealth of Kentucky

20769/0534382