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COVER LETTER

_	sistration Section ision of Corporations		
SUBJECT	: Packed House Promotion	s, LLC Limited Liability Company)	
The enclose Florida," C	ed "Application by Foreign Limited	d Liability Company for Authorization to Trance submitted to register the above referenced	
Please retui	rn all correspondence concerning th	nis matter to the following:	
	Pau	1 A. Clowe	
		(Name of Person)	
	Packed Ho	ouse Promotions, LLC	ت <u>د</u> م
		(Firm/Company) cetplace Blvd., PMB 214	355 1 006 7
	1400 Mark 4000000000	cetplace Blvd., 1908 214	PR I
	400kD00ana	(Address)	3 constant
	Commin	ty/State and Zip Code)	SCOKETÁRY OF SIALL JIVISION OF CORFORATION 2006 APR 13 PM 2:31
	(Cit	ty/State and Zip Code)	
For further	information concerning this matter	c, please call:	
	Paul A. Clowe (Name of Person)	at (618) 982 - 7734 (Area Code & Daytime Telephone N	
	(Name of Person)	(Area Code & Daytime Telephone)	Number)
Div: P.O	ision of Corporations Box 6327 lahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	a check for the following amount: 125.00 Filing Fee \$\square\$	ee & 🔲 \$155.00 Filing Fee & 💢 \$160.00 Filing	g Fee, Certificate atus & Certified Cop

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. Packed House Promotions, LLC (Name of Foreign Limited Liability Company) 2. State of Georgia 3. 81-0676733

(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) 5. Perpetual
(Duration: Year limited liability company will cease to 4. June 9, 3005
(Date of Organization) 6. Non yet transacted.

(Date first transacted business in Florida, if prior to registration.)

(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1585 Park Chase

Cumming 61 30041

(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: Paul A. Clowe 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 oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Team Trivia shows to be held in restaurants and bars. Signature of a member of 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 herein are true.) Paul A. Clowe

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 t	he Limited Liability Company is:	
Packed t	touse Promotions, LLC	
2. The name and	the Florida street address of the registered agent and office are Paul A. Clowe (Name)	2006 APR 13
-	7940 Lancelot Drive Florida Street Address (P.O. Box NOT ACCEPTABLE) Pensacola FL 32514 City/State/Zip	PM 2: 31
-	City/State/Zip	
liability company agent and agree to relating to the pro	ed as registered agent and to accept service of process for the about the place designated in this certificate, I hereby accept the appoint in this capacity. I further agree to comply with the provision per and complete performance of my duties, and I am familiar with position as registered agent as provided for in Chapter 608, Flort (Signature)	ointment as registered ns of all statutes ith and accept the

\$ 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

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 060871030 CONTROL NUMBER : 0542941 DATE INC/AUTH/FILED: 06/17/2005 JURISDICTION : GEORGIA PRINT DATE : 03/28/2006

FORM NUMBER : 215

PAUL A. CLOWE PACKED HOUSE PROMOTIONS, LLC 1400 MARKETPLACE BLVD., PMB 214 CUMMING, GA 30041

CERTIFIED COPY

SECRETARY OF SIAIL DIVISION OF CORPORATION OF CORPORATION 2: 3

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed under the name of

PACKED HOUSE PROMOTIONS, LLC A GEORGIA LIMITED LIABILITY COMPANY

Said entity was formed in the jurisdiction set forth above and has filed in the Office of Secretary of State on the date set forth above its certificate of limited partnership, articles of incorporation, articles of association, articles of organization or application for certificate of authority to transact business in Georgia.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.



Ally Cop

Cathy Cox Secretary of State