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(Re	equestor's Name)			
(Ad	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Copies Certificates of Status			
Special Instructions to Filing Officer:				

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DIVISION OF CORPORATIONS

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W06-43153

COVER LETTER

Registration Section
Division of Corporations

TO:

of Existence, and check a transact business in Florid	d Liability Company for Authorization to Transcre submitted to register the above referenced for the following: (Name of Person)	
ory M. White		SECR DIVISION
	(Name of Person)	SECR DIVISION
(ampen Group	(Name of Person)	15100 15100
(ampen Group		T SEE
		2 875
	(Firm/Company)	PH 3
0 S Clark St, Ste 23	310	PH 3: 59
	(Address)	
ago, IL 60603		
(Cit	ty/State and Zip Code)	
on concerning this matter	, please call:	
sch	at (407)) 581-4239	
(Name of Person)	(Area Code & Daytime Telephone N	umber)
orporations 7	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle	
	ago, IL 60603 (Citor on concerning this matter sch (Name of Person) ADDRESS: Corporations 7 FL 32314 For the following amount:	(City/State and Zip Code) on concerning this matter, please call: sch at (407) 581-4239 (Name of Person) (Area Code & Daytime Telephone Note to Day time Telephone Note to Division of Corporations Corporations Clifton Building FL 32314 Sort the following amount:

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:

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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.

	t Records, LLC	
2. The name a	nd the Florida street address of the registered agent and office are:	DIVISION OF OCT
	Dean H. Tisch	-2 -2
	(Name)	PM
	4609 Vineland Road	y: 59
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	FL Orlando, FL 32811-7375	
	City/State/Zip	

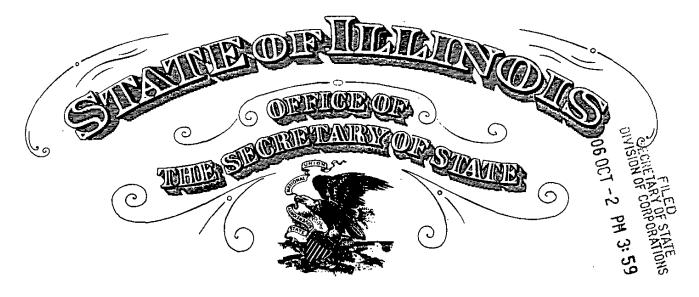
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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)

File Number

0193665-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

THINKABOUTIT RECORDS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 09, 2006, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of

the State of Illinois, this 26TH

day of

SEPTEMBER

A.D.

2006

Desse White

SECRETARY OF STATE