M0700002040

(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
<u></u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration of the Community of the Constitution of the Constitu
Special Instructions to Filing Officer: W17-15710

Office Use Only



500095124555

03/29/07--01040---004 **125.00

07 APR 10 PM 5: 26
SECRETARY OF STATE
JAIL AHASSEF ELOPIN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Blue Man Orlando, 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:
Michele Pagnotta (Name of Person)
(Name of Person)
Blue Man Productions
(Firm/Company)
(Firm/Company) 599 Broad way 5th Floor (Address)
New York, NY 10012 (City/State and Zip Code)
'(City/State and Zip Code)
For further information concerning this matter, please call:
Michele Pagnofta at (212) 226-6366 X 355 (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: \$\begin{align*} \begin{align*} \text{\$125.00 Filing Fee} & \text{\$130.00 Filing Fee & } & \text{\$\$155.00 Filing Fee & } & \$



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 30, 2007

MICHELE PAGNOTTA

599 BROADWAY 5TH FLOOR NEW YORK, NY 10012

SUBJECT: BLUE MAN ORLANDO, LLC

Ref. Number: W07000015710

We have received your document for BLUE MAN ORLANDO, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6984.

Deborah Bruce **Document Specialist**

Letter Number: 107A00021866

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: (Name of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited liability ear limited liability company will cease to January (See sections 608.501 & 608.502 F.S. to determine penalty liability) PERCE 32819 (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: 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: roduction-theatre 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.)

Matt Goldman

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:

Blue Man Orlando, LLC	TAS	0	
2. The name and the Florida street address of the registered agent and office are:	CRETAS	APR II	1 3 00 1 3 00 1 3 00 1 3 00
Christian Chenier	25.55 5.55 5.55 5.55 5.55 5.55 5.55 5.5) PH	د د ور
Blue Han Orlando, LLC	STA	গো	. O
Florida Street Address (P.O. Box NOT ACCEPTABLE)	DY.	26	
Orlando, FL 32819 City/State/Zip			
Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of a relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida Staliability (Signature)	ent as re ll statut l accept	egister es	red
(Signature)			

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

5.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUE MAN ORLANDO, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF APRIL, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUE MAN ORLANDO, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

O7 APR 10 PH 5: 26
SECRETARY OF STATE
TALLAHASSEF FLORIDA



4196969 8300

070407105

Warriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5572860

DATE: 04-05-07