

Division of Corporations Public Access System

#### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000106434 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

1 (850)205-0383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

(850) 222-1092

Fax Number

(850) 878~5926

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

Panama City Theatres, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

4/20/2007

8202224918

90/50/5001 12:92

## APPLICATION BY FOREIGN LIMITED IJABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION COLLEGE, PLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECEIVER A PORBION

Ton For	20-5804055  (Fill number, if applicable)  Perpetual (Duration: Year limited Hability company will cease to exist or "perpetual")  (ds. if prior to registration.) o determine panalty liability)
5 For F8 t	Perpetual  (Duration: Year limited Hability company will cease to exist or "perpetual")  (ch. [[bring to registration.]
FS t	(Duration: Year limited Hability company will cease to exist or "perpetual")  (ch. [[ terior to registration.]
FS t	exist or "perpetual")
FS t	ids, if prior to registration.) o determine panalty liability)
FS t	o determine benefit (sip(itty)
	·
COS O	Prizeipal Office)
ged ¢	ompany, check bere 🔲 -
pouge	ging members or managers are as follows:
OMA 1	Now Origina, LA 70112
-	And Committee and the
.,	
	<u> </u>
	ys old, duly sufficialed by the official having custody of fer snot acceptable. If the certificate is in a foreign language, a lad)
lorp	nomoted in Florida:
ј ог р	nomated in Florida;
1	W
A sasting	nomoted in Florida:  Orized representative of a member  the anomalous of this document constitutes
	ged c

07 APR 20 AHII: 09

1257 - 0244-200 C 7 Piles Manager Online

r Salam.

· \$3、 " \$5.30 ( )。

## 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 Compa	uny in:	
Panama City Theames, L.L.C.		
2. The name and the Florida street address o	f the registered agent and office are:	
CT Corporation System	(Name)	
1200 South Pine Island Road Florids Street Addr	ess (P.O. BOX NOT ACCEPTABLE)	
Plantation		W6.
Plantation	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.

By: Signature)

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

1.057 - 43/05/2006 CT Ridge Manager Online

# United States of America State of Louisiana



As Secretary of State, Jay Dardenne, I do hereby Certify that

PANAMA CITY THEATRES, L.L.C.

A limited liability company domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on April 28, 2006,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set
My hand and caused the Seal of my Office
To be affixed at the City of Baton Rouge on,
April 20, 2007

· ·

Secretary of State 36173138K



Certificate ID: 20070420006547

To validate this certificate, visit the following web site, go to Commercial Division, Validate Certificate, then follow the instructions displayed.

www.sos.fouisisna.gov