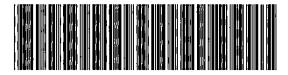
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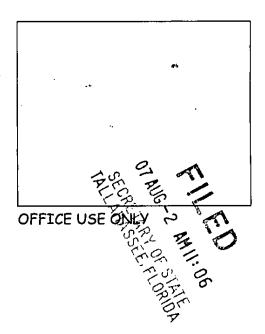
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DIVISION OF SEEL FLORIDA



FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

ENTITY NAME:

1. TECOMATE PRODUCTIONS, LLC

CK# 2693

AMOUNT \$625.00 (\$125.00 for this filing)

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

CERTIFIED COPY

XXX STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

#### **COVER LETTER**

TO: Registration Section

Division of Corporations		The state of the s
D MC / M	Tecomate Productions, LLC	
BJEC1:		Limited Liability Company)
rida," Cer		Limited Liability Company)  d Liability Company for Authorization to Transact Business in are submitted to register the above referenced foreign limited ida
ase return	all correspondence concerning the	his matter to the following:
	Laurel A. Swops	
		(Name of Person)
	Beker Donelson Bearman Caldwe	
		(Firm/Company)
	420 North 20th Street, Suite 1600	
		(Address)
	Birmingham, AL 35203	
	(Cit	ty/State and Zip Code)
further in	formation concerning this matter	, please call:
Laurel	A. Swope	at (205 ) 250-8383
	(Name of Person)	(Area Code & Daytime Telephone Number)
MAIL	ING ADDRESS:	STREET ADDRESS:
	on of Corporations	Division of Corporations
	30x 6327	Clifton Building
Tallah	nssee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	check for the following amount: .00 Filing Fee \$\bigsim \text{\$130.00 Filing Fe}\$ Certification	te & \$\int\\$155.00 Filing Fee & \$\int\\$160.00 Filing Fee, Certificate at the of Status & Certified Copy

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

Tecomate Production	ns. LLC			(C. C. C	, 6
		le "Limited Li	ability Company," "L.L.	C.," or "LLC.")	SEAL SEAL
ame unavailable, entrent of the managers of pany," "L.L.C.," "LI	Limited Liability Company; must include a start alternate name adopted for the purpose or managing members adopting the alternace.")	e of transacting	g business in Florida and e alternate name must inc	attach a copy of the clude "Limited Liabili	Willen's written
Delaware	3.	applied for			
Jurisdiction under the ompany is organized)	law of which foreign limited liability		(FEI number, if applied	cable)	
July 20, 2007	5,	Perpetual			
(Date of	Organization)	(Duration: exist or "pe	Year limited liability con expetual")	mpany will cease to	
	(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to to determine p	registration.) enalty liability)		
4300 Legendary Dr	ive, Suite C-204				
Destin, FL 32541					
	(Street Address o	f Principal Of	ice)		
•	company is a manager-managed of all business addresses of the managed	- •		s follows:	
Carl Richard Olson	, Jr.				
4300 Legendary D	rtve, Suite C-204				
Destin, FL 32541					
Attached is an original	certificate of existence, no more than 90 da	rys old, duly au	thenticated by the official	having custody of reco	ords in
	rw of which it is organized. (A photocopy under oath of the translator must be submi	•	le. If the certificate is in a	foreign language, a	
Signon of the Centificat	CHARL CHILD OF THE THE STATE HART OF STOLE	imerr)			
Nature of busines	ss or purposes to be conducted or p	promoted in	Florida: Real estate	development	
	Mario Va	<del>?????</del>	7 <b>7</b>		
	<u>Ulalle</u>	OG.		<u> </u>	
	Signature of a member or an auth	norized refr	esentative of a memb	er.	
	(In eccordance with section 608.408(3), F.S an affirmation under the penalties of perjur	., the exception y that the facts a	of this document constitute nated herein are true.)	<b>.</b>	
	Cerí Richard Olson, Jr.	-		_	
	Typed or printed a	-ama afaia-			

## 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.

If name unavailabl	e, the alternate name to	o be used in the state of Florida is:	
2. The name and t	he Florida street addre	ess of the registered agent and office are:	
<u>c</u>	arl Richard Olson, Jr.	OV	
		(Name)	
4:	300 Legendary Drive, Su		
-	Florida Street	Address (P.O. Box <u>NOT</u> ACCEPTABLE)	
D	estin	FL 32541	
<del></del>		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.

Carl Richard Olson, Jr.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE

#### The First State

I, HARRIET SMITH MINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TECOMATE PRODUCTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TECOMATE PRODUCTIONS, LLC" WAS FORMED ON THE TWENTIETH DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4393567 8300 070866751



Darriet Smile Hinden

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 5883795

DATE: 07-30-07