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SECRETARY AND SIATE

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: GAMUS 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:			
Roxanne Wheeler			
(Name of Person)			
GAMUS LLC.			
(Firm/Company)			
12428 Highway 99S., #44			
	(Address)		
Everett, WA 98204			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Roxanne Wheeler	at (425) 322-7622		
(Name of Person)	(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: \$\text{\$\exitit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\	\$\begin{align*} \begin{align*} \text{\$155.00 Filing Fee & } & \$		

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. GAMUS LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. Washington 3. 20-3068983
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. July 01, 2005 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. July D1, 2007
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. Location in Florida: 337 S Northlake Blvd., #1000, Altamonte Spring FL 32701
Office of LLC: 12428 Highway 99S., #44, Everett, WA 98204
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: 2
9. The name and usual business addresses of the managing members or managers are as follows: 8
Stephen C. Snyder, 4300 D Highlands Parkway, SE, Smyrna, GA 30082
Lloyd L. Kee, 74 Bonaventura Drive, San Jose, CA 95134
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 eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Wholesale distribution
of sports and entertainment cards & collectible games.
al Vocally.
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 periury that the facts stated berein are true.)

Lloyd Kee, Executive Vice-President

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:	
GAMUS LLC.	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Timothy D. Wilson	7 SEP
(Name)	HASSE HASSE
337 S. Northlake Boulevard, #1000	一 是
Florida Street Address (P.O. Box NOT ACCEPTABLE)	AH IO: 20 EE, FLORIT
Altamonte Springs, FL 32701	DET. O
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)



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF GAMUS LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 7/1/2005.

I FURTHER CERTIFY that as of the date of this certificate, GAMUS LLC remains active and has complied with the filing requirements of this office.

Date: August 31, 2007

UBI: 602-523-821

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State