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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Reel AM USEMENTS, UC
(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: Please return all correspondence concerning this matter to the following: (Name of Person) (Name of Person)
PBDX 1776 (Address) (City/State and Zip Code)
For further information concerning this matter, please call:
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: \$\int_{\text{\$125.00 Filing Fee}} \text{\$130.00 Filing Fee & \$\square\$\$\$ \$\square\$\$ \$\square\$\$ \$\text{\$155.00 Filing Fee & \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\text{\$160.00 Filing Fee, Certificate}\$\$ \$\text{Certificate of Status}\$\$\$ \$\text{Certified Copy}\$\$ of Status & Certified Copy}\$\$

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 . LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REGISTER A I	FOREIGN
Deel Amissiment IIC		
(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 atta consent of the managers or managing members adopting the alternate name. The alternate name must include	ch a copy of the "Limited Liah	e written
Company," "L.L.C.," "LLC,")		•
2. TENNESSEE 3. 13-4248733	······	_
2. TENNESSEE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 13-4248733 (FEI number, if applicable	•)	
4. (Date of Organization) 5. Perpetva (Duration: Year limited liability compar	The second	<u></u>
(Date of Organization) (Duration: Year limited liability comparents exist or "perpetual")	y will cease to	
6.		
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	13g ~	1.
7. 1522 SARAH COURT		
Macarica a Time	۲ نظر لااز	\
MURFREES BORO, TN 37129 (Street Address of Principal Office)	7.19	-
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 for	llows:	
Dand Kenin Sharp	_	
1522 Sarah Ct.		_
		-
Murfnees boro TN 37129		_
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having	ng custody of n	cords in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreit translation of the certificate under oath of the translator must be submitted.)	gn language, a	
	ı	
11. Nature of business or purposes to be conducted or promoted in Florida: $\frac{Selling}{S}$	<u>and</u>	_
Operating video skill comes : sneepstakes		
Operating video sigill games: sueepstakes		_
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,)		
Typed or printed name of signee		
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: Keel Musements LLC		
If name unavailable, the alternate name to be used in the state of Florida is:		electrical de la constant de la cons
2. The name and the Florida street address of the registered agent and office are: Peyton B. Hysly Esq. (Name) (Name) Florida Street Address (P.O. Box NOT ACCEPTABLE) BOOKSVILLE FL City/State/Zip	JL 24 PH 12: 24	The state of the s

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 **Division of Business Services** 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower 'Nashville, Tennessee 37243

ISSUANCE DATE: 07/08/2008 REQUEST NUMBER: 08190525 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 09/20/2002 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0433777 JURISDICTION: TENNESSEE

TO: DAVID K SHARP 1522 SARAH CT REQUESTED BY: DAVID K SHARP 1522 SARAH CT

MURFREESBORO, TN 37129

MURFREESBORO, TN 37129

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"REEL AMUSEMENTS, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE THAT ALL FEES, TAXES, AND FENALTIES UNED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID:
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

MURFREESBORO, TN 37129-5512

REEL AMUSEMENTS, LLC 1522 SARAH COURT

ON DATE: 07/08/08

FEES

RECEIVED:

\$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00004449063

ACCOUNT NUMBER: 00477379



FROM:

RILEY C. DARNELL SECRETARY OF STATE