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SECRETARY OF STATE
TALLAHASSEF FLOOR.

D. BRUCE

NOV 2 1 2008

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Event Management Group | |
| (Name of L | imited Liability Company) |
| | Liability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited |
| Please return all correspondence concerning this | matter to the following: |
| William M. Becker, CPA | |
| (I | Name of Person) |
| William M. Becker, PA | |
| (| Firm/Company) |
| PO Box 1808 | (Address) |
| Clayton, NC 27528 | ARY C SSEE |
| | State and Zip Code) |
| For further information concerning this matter, p | please call: |
| William M. Becker, CPA | at (919) 550-1901 |
| (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: \$\begin{align*}\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$ | & - _\$155.00 Filing Fee & _\$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy |



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2008

WILLIAM M. BECKER, CPA PO BOX 1808 CLAYTON, NC 27528

SUBJECT: EVENT MANAGEMENT GROUP, LLC

Ref. Number: W08000049960

OR NOV 21 PN 12: 1C SECRETARY OF STATE TALLAHASSEE, FLORINA

We have received your document for EVENT MANAGEMENT GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent ofthe managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

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 Regulatory Specialist II

Letter Number: 208A00055798

'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. Event Management Group, LLC |
|--|
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| Pender Event Management Group, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte |
| consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") |
| 2. North Carolina 3. 26-2804755 |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4. June 16, 2008 5. Perpetual |
| (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. N/A |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. 1129 Management Way |
| Garner, NC 27529 |
| (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: |
| Michelle Pender (Sole member) - 59 Fireweed Place, Clayton, NC 27527 |
| |
| |
| |
| 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 invincious production and on the law of which it is proportional. (A photocomy is not accordable. If the certificate in in a formium language of |
| 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: Equipment rental |
| |
| - Honel Pot |
| |
| Signature of a member or 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.) |
| Michelle Pender |

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.

| E Limited Liability Company is: | |
|---|--|
| ment Group, LLC | 12 1111 |
| e, the alternate name to be used in the state of Florida is: | |
| he Florida street address of the registered agent and office are: | OR NOV |
| orporate Creations Network, Inc. | NAY OF SSEEL, |
| | PH IZ: 1 |
| | - |
| | e, the alternate name to be used in the state of Florida is: the Florida street address of the registered agent and office are: orporate Creations Network, Inc. (Name) 1380 Prosperity Farms Road #221E Florida Street Address (P.O. Box NOT ACCEPTABLE) alm Beach Gardens, 33410 FL |

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.

Valerie Ha

Valerie Hawk, Special Secretary

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

. WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

| We, the undersigned, do hereby certify that we are the Managers and/or Managing |
|--|
| Members of <u>Event Management Group</u> LLC (Name of Limited Liability Company) |
| (Name of Limited Liability Company) |
| a limited liability company duly organized and existing under the laws of North Carolina (State or Country of Organization) |
| Because the name of this foreign limited liability company does not satisfy the |
| requirements of the s. 608.406, F.S., the limited liability company hereby adopts the |
| following name to transact business in the state of Florida: |
| Render Event Management Corcep LLC (Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.) |
| Date: |
| Signature(s) of Manager(s) and/or Managing Member(s): |
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NORTH CAROLINA Department of The Secretary of State

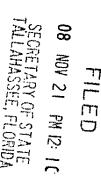
CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

EVENT MANAGEMENT GROUP, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 16th day of June, 2008, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of October, 2008

Secretary of State

Claire I. Marshall

Certification# 88627863-2 Reference# 9451929-as Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification