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(City/State/Zip/Phone #)

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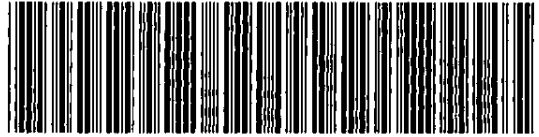
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
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J. BRYAN

FEB 16 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Exhibit Transfer Systems Orlando 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: (mailing address)

Joseph J. Cannizzaro, Jr.
(Name of Person)

Exhibit Transfer Systems Orlando LLC
(Firm/Company)

5000 W. Esplanade Ave # 185
(Address)

Metairie, Louisiana 70006
(City/State and Zip Code)

mailing address

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For further information concerning this matter, please call:

Joseph J. Cannizzaro Jr at (504) 382-0770 ^{467-3833 or}
(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:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Exhibit Transfer Systems Orlando 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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. STATE of LOUISIANA, Parish of Jefferson 3. 26-4053827
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JANUARY 6, 2009 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 4104 L. B. McLeod RD.
Orlando, Florida 32811
(Street Address of Principal Office)

physical
Address only

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:

mailing Address

Joseph J Cannizzaro Jr.
5000 W. Esplanade Ave, #185
Metairie LA 70006

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 oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

LOCAL Carriage Agent

x [Signature]
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.)

x J. CANNIZZARO
Typed or printed name of signer

**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:

Exhibit Transfer Systems Orlando 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:

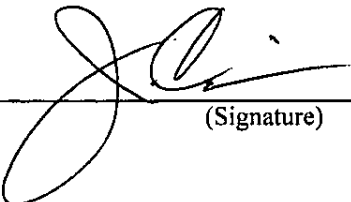
Joseph J. Cannizzaro Jr.
(Name)

4104 L. B. McLeod Rd
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Orlando FL 32811
City/State/Zip

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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)

United States of America State of Louisiana



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

EXHIBIT TRANSFER SYSTEMS ORLANDO, LLC

A limited liability company domiciled in METAIRIE,
LOUISIANA,

Filed charter and qualified to do business in this State on
January 6, 2009,

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,

February 9, 2009

Secretary of State
36936615K



Certificate ID: 20090209002449

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