# 00000133

## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5368

Breen Artists Agency, LLC

LORIDA/FOREIGN LIMITED LIABILIT

Certificate of Status	0
Certified Copy	1
Page Count	04
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APR - 8 2009

EXAMINER

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: I. Breen Artists Agency, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (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.") (Jurisdiction under the law of which foreign limited liability company is organized) December 8, 2008 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) б. (Date first transacted business in Florida, if prior to registration.)
(See sections 608,501 & 608,502 F.S. to determine penalty liability) 7. 25 Music Square West, Nuthville, TN 37203 (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: 🗩 Word Entertainment LLC 25 Music Square West, Nashville, TN 37203 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custicity 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 outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Music and Entertainment Signature of a member oran authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the ponalties of perjury that the facts stated herein are true.)

Trent Tappe, Authorized Person

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/RECISTERED 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 Con	npany is:			
Breen Artists Agency, LLC		····		
If name unavailable, the alternate name to	be used in the state of Flo	orida is:		
2. The name and the Florida street address	ss of the registered agent a	nd office are:		
CT Corporation System		200 SE TALL		
	(Nams)	<del></del>	2009 APR SECRETA FALLAHA	
120	00 South Pine Island Road		R-7 TARY ASSE	A SOUTH ATT AND A
Florida Street A	ddress (P.O. Box NOT ACCEF	TABLE)	[T] 50g	
Plantation	FL City/State/Zip	33324	AM 9: 31 )F STATE , FLORID	grows.
			$\mathbf{\tilde{\omega}}$	

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.

C T Corporation System

Assistant Secretary

100.00 Filing Fee for Application

Designation of Registered Agent 25.00

Certified Copy (optional) \$ 30.00 \$ 5.00 Certificate of Status (optional) Secretary of State
Division of Business Services
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 04/07/2009 REQUEST NUMBER: 09097532 YELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/08/2008 STATUS: ACTIVE CORPORATE EXPIRATION DAYE: PERPETUAL CONTROL NUMBER: 8591665 JURISDICTION: TENNESSEE

TO: CFS 8161 NWY LOO NASHVILLE, TN 37221 REQUESTED BY: CFS 8161 HWY 100 NASHVILLE, TN 37221

#### CERTIFICATE OF EXISTENCE

I, FRE HARGETT, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

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 EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE SEEN PAID: THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR REQUEST FOR CERTIFICATE

FROM: CAPITAL FILING SERVICE (CFS) 8161 HIGHWAY 100 #172

NASHVILLE, TN 37221-0000

DN DATE: 04/07/09

RECEIVED: FEE

FEES 6100.00

**48.88** 

TOTAL PAYMENT RECEIVED:

#100.00

RECEIPT NUMBER: 00004565435 ACCOUNT NUMBER: 00101230

TRE HARGETT BECRETARY OF STATE