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	(Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL 1
(Business Entity Name)	: !
	Document Number)	;
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Certified Copies	: Certificates of S	: : Status <u> i. i</u>
Special Instructions	to Filing Officer:	

Office Use Only



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10/29/09--01020--002 **70.00

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SECRETARY OF STATE
TALLAHASSEF

M. THOMAS

DEC 1 5 2009

EXAMINER

WO9-48390

411000

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC		nent Insurance Services LLC Name of Limited Liability Company	-
The enci	losed "Application by Foreign Limited L e, and check are submitted to register th	iability Company for Authorization to Transact Business is above referenced foreign limited liability company to tra	in Florida," Certificate of insact business in Florida
Please ro	eturn all correspondence concerning this	matter to the following:	
	Andrea Abad		
		Name of Person	
	New Empire Entertai	nment Insurance Services LLC Firm/Company	
	6767 Forest Lawn D	rive, Suite 301	
		Address	
	Los Angeles, CA 900	068	
		City/State and Zip Code	
	andee@neeis.com		
		s: (to be used for future annual report notification)	F
For furth	er information concerning this matter, p	lease call:	
	Andrea Abad	at (310) 265-3801	DEC T
	Name of Person	Area Code & Daytime Telephone Number	SEE T
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	AM 9: 56 E. FLORIDA
Enclose	ed is a check for the following amo	ount:	
	\$125.00 Filing Fee \$130.00 Fil Certificate		ng Fee, Certificate s & Certified Copy

Truman Van Dyke Company

6767 Forest Lawn Drive, Suite 301 Los Angeles, CA 90068 Office 323-883-0012 Fax 323-883-0024





December 7, 2009

Florida Department of State New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Thank you for responding to my request to register my California corporation, copies of my letter dated 10/28/09 and your response dated 10/30/09 attached herewith.

Enclosed please find the following documents as per your instructions:

- Cover Letter
- Completed and signed Application by Foreign Limited Liability Company for authorization to transact business in Florida
- 3) Completed and signed Certificate of Designation of Registered Agent/Registered Office
- 4) Completed and signed Application for Registration of Fictitious Name
- 5) Fictitious Business Name Statement proving New Empire Entertainment Insurance Services LLC is the registered owner of the name: Truman Van Dyke Company
- 6) Original with Great Seal of the State of California, Secretary of State for entity name, New Empire Entertainment Insurance Services LLC, Certificate of Good Standing
- 7) Check for \$150.00 for filing fees computed as follows:

\$160.00 Filing Fee, Certificate of Status & Certified Copy

- \$ 50.00 Registration of Fictitious Name Processing Fee
- \$ 10.00 Registration of Fictitious Name Certificate of Status

Less \$70.00 Filing Fees already paid - cancelled check copy attached

I look forward to receiving my letter of acknowledgement of this registration and fictitious name application approval.

Sincerely,
MIOWA

Andrea Abad





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 30, 2009

ANDREA PALERMO ABAD 6767 FOREST LAWN DRIVE SUITE 301 LOS ANGELES, CA 90068

SUBJECT: NEW EMPIRE ENTERTAINMENT INSURANCE SERVICES LLC

DBA TRUMAN VAN DYKE CO Ref. Number: W09000048390

We have received your document for NEW EMPIRE ENTERTAINMENT INSURANCE SERVICES LLC DBA TRUMAN VAN DYKE CO and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Entities may file using only the entity's name. Please delete any reference to the doing business as name in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 109A00034404

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 RUSINESS IN THE STATE OF FLORIDA:

New Empire Entertainment Insurance Services 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. California (Jurisdiction under the law of which foreign limited liability company is organized) 3. Unique (FEI number, if applicable)
4. July 14, 2008 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
Dec. 1, 2009 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 6767 Forest Lawn Drive, Suite 301 Los Angeles, CA 90068 ART DE CONTROL OFFICE OF CONTROL OF CONTROL OFFICE OF CONTROL OFFICE OF CONTROL OFFICE OF CONTROL OF CONTROL OFFICE OF CONTROL OF
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 Andrea Abad, Managing Member (single member LLC)
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: Fire & Casualty Insurance Brokerage
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.) Andrea Abad Typed or printed name of signee
t There or between tiente or aignee

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:	
New Empire Entertainment Insurance Services LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Andrea Abad	
(Name)	
121 S. Orange Avenue, Suite 1500 Florida Street Address (P.O. Box NOT ACCEPTABLE)	7009 DEC
Orlando, FL 32801 FL SAR	
City/State/Zip Having been named as registered agent and to accept service of process for the above stated in this certificate, I hereby accept the appointment its register 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)	

Filing Fee for Application

Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Designation of Registered Agent

\$ 100.00

\$ 25.00

\$ 30.00

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: NEW EMPIRE ENTERTAINMENT INSURANCE SERVICES LLC

FILE NUMBER:

200819710033

FORMATION DATE:

07/14/2008

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 25, 2009.

DEBRA BOWEN Secretary of State