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| PICK-UP                 | ☐ WAIT                  | MAIL      |
| (Bu                     | siness Entity Nan       | ne) .     |
| (Do                     | cument Number)          | ·         |
| Certified Copies        | _ Certificates          | of Status |
| Special Instructions to | Filing Officer:         |           |
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| -             | (CORPORATE NAME AND DOCUMENT #)                                  |             |
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## 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:

|  |  | <u> </u>  |  |                        |
|--|--|---|--|------------------------|
| If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the vonsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili Company," "L.L.C," "LLC.") |  |   |  |                        |
| 2.   | Delaware   | 3.  | ( FEI number, if appli   |                        |
| (Jurisd<br>compa   | iction under the law of which foreign<br>ny is organized)  | n limited liability   |  |                        |
| 4.   |  | 5.  | Perpetual (Duration: Year limited liability co   |                        |
|  | (Date of Organization)   |   | (Duration: Year limited liability of<br>exist or "perpetual")  | mpany will cease to    |
| 5  | (Date first transa   | eted business in Flor   | la, if prior to registration.)   |                        |
|  | (See sections 608.   | 501 & 608.502 F.S. t  | determine penalty liability)   |                        |
| 7. 5543  | S.E. Reef Way, Stuart, Florida 3499  | 7-2560  |  | ·<br>                  |
|  |  |   |  |                        |
|  |  | (Street Address of  | Principal Office)  |                        |
| l Iflin  | nited liability company is a ma  | nagez-managed c   | moany, check here  |                        |
| ,  | and including the party of the second  |   |  |                        |
| The i  | rame and usual business addre  | eases of the mana   | ing members or managers are o  | a follows:             |
| ,<br>~_:   | r B. Danzig, 5543 S.B. Reof Way, St  | trest Florida 34007.  | KKN  |                        |
| Man  | D. Dilling, 3373 B.B. Reel Way, or   | Oseri, Fichius 3777/  | JUV  |                        |
|  |  |   |  |                        |
|  | ***  |   |  |                        |
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|  | ved to an organis) continuate of existence   | e, no indre inera yu de   | sold, duly authenticated by the official   | menting castody of fex |
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### 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:   |  |  |  |  |  |
|--|--|--|--|--|--|
| Billshaker Tournament Fishing, 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:   |  |  |  |  |  |
| Craig B. Danzig  |  |  |  |  |  |
| (Name)   |  |  |  |  |  |
| 5543 S.B. Roof Way Smart, Florida 34997-2560   |  |  |  |  |  |
| Plorida Street Address (P.O. Box NOT ACCEPTABLE)   |  |  |  |  |  |
| Stuart FL 34997-2560   |  |  |  |  |  |
| City/State/Zip   |  |  |  |  |  |
| 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.  By:  (Signstype) |  |  |  |  |  |
| \$ 100.00 Fiting Fee for Application   |  |  |  |  |  |

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BILLSHAKER TOURNAMENT FISHING, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF JANUARY, A.D.

2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BILLSHAKER TOURNAMENT FISHING, LLC" WAS FORMED ON THE NINETEENTH DAY OF JANUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4778115 8300

Jeffrey W. Builock, Secretary of State
AUTHENTICATION: 7764353

DATE: 01-19-10

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