# MIUUUUU0333

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	MA!T	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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B. KOHR

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**EXAMINER** 

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FILED STURETARY OF STATE ISION OF CORPORATIONS

#### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ENTERTAINMENT	T BENEFITS				1
GROUP LLC					
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			<b>∤</b> —	Art of Inc. File	
				LTD Partnership File	
				Foreign Corp. File	
			✓	L.C. File	
				Fictitious Name File	
			—	Trade/Service Mark	
				Merger File	
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				RA Resignation	
				Dissolution / Withdrawal	-
				Annual Report / Reinstatement	
			<b>✓</b>	Cert. Copy	
				Photo Copy	
				Certificate of Good Standing	
				Certificate of Status	
				Certificate of Fictitious Name	
				Corp Record Search	
				Officer Search	
				Fictitious Search	
Signature				Fictitious Owner Search	
				Vehicle Search	
				Driving Record	
Requested by: SETH	01/26/10	11.00		UCC 1 or 3 File	
	$-\frac{01/26/10}{Date}$	11:00 Time		UCC 11 Search	
Name	Date	Time		UCC 11 Retrieval	
Walk-In	Will Pick Up			Courier	

## 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:
FAITERTAINMENT RENEFITS GROUP LUC
(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. DELAWARE  (Jurisdiction under the law of which foreign limited liability  (FEI number, if applicable)
company is organized)
4.   114   10   5.   PERFECUAL (Date of Organization)   (Duration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Zu
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7 1949.5 BISCAYNE BLUD, SUITE 600 皇藥
AVENTURA FL 33180  (Street Address of Principal Office)
(Street Address of Principal Office)
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 1949 5 BISCAYNE BLVD, SUITE 600  ANENTURA FL 33186  (Street Address of Principal Office)  8. If limited liability company is a manager-managed company, check here
9. The name and usual husiness addresses of the managing members or managers are as follows:
9. The name and usual business addresses of the managing members or managers are as follows:
Entertainment Benefits Goup, Inc
19495 Biscoyne Blod, Svite 600
Ave-tura, FL 33180
'
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 ceth of the translator must be submitted.)
II. Nature of business or purposes to be conducted or promoted in Florida:
PESELLER OF TICKETS
FUSELLOR OF TICKETS
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.)
BRETT D. REIZEN
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.

	Limited Liability Company is:
ENTERT	INMENT BENEFITS GROUP LLC
if unavailable, the a	Itemate to be used in the state of Florida is:
<del></del>	
2. The name and th	e Florida street address of the registered agent and office are:
	CRAIG M. DOIRNE, PA
	(Name)
	407 LINCOLN ROAD, PENTHOUSE SE
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	MIAMI BEACH 33139
	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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

DAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "ENTERTAINMENT BENEFITS GROUP, 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 TWENTY-SIXTH DAY OF JANUARY, A.D.

2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENTERTAINMENT BENEFITS GROUP, LLC" WAS FORMED ON THE FOURTH DAY OF JANUARY,

A.D. 2010.

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

4772628 8300

100073609

AUTHENTY CATION: 7779341

DATE: 01-26-10

You may verify this certificate online at corp.delaware.gov/authver.shtml