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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

G. MCLEOD

SEP 13 2010

EXAMINER



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10 SEP 10 PM 1: 29
SECRETARY OF STATE
FALLAHASSEE, FLORIG

COVER LETTER

TO:

Registration Section

Divisi	on of Corporations	
SUBJECT:		ThrowAShow LLC
		Name of Limited Liability Company
		nited Liability Company for Authorization to Transact Business in Florida," Certificate of ster the above referenced foreign limited liability company to transact business in Florida
Please return al	Il correspondence concerni	ng this matter to the following:
		Abe Benson
		Name of Person
		ThrowAShow LLC
		Firm/Company
		2030 S Ocean Dr. #914
		Address
		Hallandale, FL , 33009
		City/State and Zip Code
		abmbenso@gmail.com
		ddress: (to be used for future annual report notification)
For further info	ermation concerning this ma	itter, please call:
	Abe Benso	
	Name of Person	Area Code & Daytime Telephone Number
	ING ADDRESS: on of Corporations	STREET ADDRESS: Division of Corporations
_	ration Section	Registration Section
	30x 6327	Clifton Building
i alian	assee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
		•
Enclosed is a	check for the following	ng amount:
\$ 12		\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

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:

1.	ThrowAShow LLc (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
2.	Indiana 3. 27-2447107 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
	(Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-2447107 (FEI number, if applicable)
4.	4-27-10 5. perpetual (Duration: Year limited liability company will cease to
	4-27-10 (Date of Organization) 5. perpetual (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	1500 N Jordan Ave.
١.	Par M TI
	Bloomington, IN 47406
	(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:
	Andrew Platkin
	1500 N Jordan Ave.
	Bloomington, IN 47406
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, and aslation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: The production and
	promotion of entertainment for the consumption of consumers.
	Andrew Platikin
	Signature of a member of 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.)
	Andrew Platkin
	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.

1. The name of the	E Limited Liability Company is:
-	ThrowAShow LLC
If unavailable, the	alternate to be used in the state of Florida is:
2. The name and t	he Florida street address of the registered agent and office are:
	Abe Benson
	(Name)
	2030 S Ocean Dr. #914
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Hallandale FL, 33009
	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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

THROWASHOW LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 27, 2010, and was in existence or authorized to transact business in the State of Indiana on August 16, 2010.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.

33 10 to 12 2 3 10



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Seventeenth Day of August, 2010.

TODD ROKITA, Secretary of State

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