M110000006918

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
· PICK-UP WAIT MAIL
;
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
0
Special Instructions to Filing Officer:

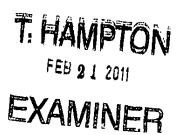
Office Use Only



700193606047

02/10/11--01031--012 **160.00





COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: ISLand Should ICL, LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following: Name of Person
Manuaghille Island Showed Ice
Firm/Company H327 S. HWY 27 Suite3 Address
Clermont, F) 34711 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this marter, please call: 734 216 3323 Scott Louit at 784 216-6148 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\int_{125.00}\$ \text{Filing Fee} \int_{130.00}\$ \text{Filing Fee & Certificate of Status} \text{\$\int_{155.00}\$ Filing Fee & Certified Copy} \text{\$\int_{160.00}\$ Filing Fee, Certified Copy}



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 FEB 21 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 11, 2011

DAWN DAULT 6 CAVANAUGH LAKE CHELSEA, MI 48118

SUBJECT: ISLAND SHAVED ICE, LLC

Ref. Number: W11000008411

We have received your document for ISLAND SHAVED ICE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 011A00003654

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:

TERMINATOR OUTDOOR LASER TAG 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. (Jurisdiction under the law of which foreign limited liability company is organized) 4. [-18-20] (Date of Organization) 5. (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. (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here \ mwhen manager
9. The name and usual business addresses of the managing members or managers are as follows: 430 S. Huy 27 Law Dawt Suite 123 Clemant, F 34711
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.)
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 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 Limited Liability Company is: TERMÎNATOR OUTDOOR LASER TÂG 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: (Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Clermont FL 34711

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

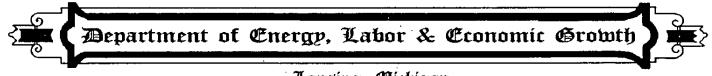
\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 21 PH 4: 06





Lansing, Michigan

This is to Certify That

TERMINATOR OUTDOOR LASER TAG LLC

was validly organized on March 10, 2009 as a Limited Liability Company.

I FURTHER CERTIFY that a Certificate of Assumed Name, for the name ISLAND SHAVED ICE, was filed on January 18, 2011.

I FURTHER CERTIFY that said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City Lansing, this 16th day of February, 2011.

Director

Bureau of Commercial Services