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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

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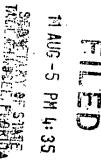
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: LBARC MGMT, 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:
Elizabeth Beck
Name of Person
Lender's Clearing House Management, LLC
Firm/Company
425 North Federal Highway
Address
Hallandale, FL 33009
City/State and Zip Code
betsy.beck@lchusa.com_
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizabeth Beck at (954) 239-4700
Name of Person Area Code & Daytime Telephone Number
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
Enclosed is a check for the following amount: \$\int_{\$125.00}\$ \text{Filing Fee} \text{\$\subseteq}_{\$130.00}\$ \text{Filing Fee & Certificate of Status} \$\int_{\$125.00}\$ \text{Filing Fee & Certified Copy} \$\int_{\$155.00}\$ \text{Filing Fee & Certified Copy} \$\int_{\$160.00}\$ \text{Filing Fee, Certificate 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:

LBARC MGMT, LLC (Name of Foreign Limited Liabil)	ity Company; must include "	Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate nan consent of the managers or managing me Company," "L.L.C," "LLC.")	ne adopted for the purpose of embers adopting the alternate	transacting business in Florida and attach a copy of the written name. The alternate name must include "Limited Liability
Delaware (Jurisdiction under the law of which f company is organized)		0-0631621 (FEI number, if applicable)
4. 4/13/2010 (Date of Organization)		erpetual (Duration: Year limited liability company will cease to exist or "perpetual")
(See sections	ransacted business in Florida 608.501 & 608.502 F.S. to d	, if prior to registration.) etermine penalty liability)
7. 425 North Federal Highv Hallandale, FL 33009	(Street Address of Pr	rincinal Office)
8. If limited liability company is	·	
9. The name and usual business a Louis Birdman, Manager a		ng members or managers are as follows:
<u> </u>	organized. (A photocopy is n	old, duly authenticated by the official having custody of records in ot acceptable. If the certificate is in a foreign language, a d.)
11. Nature of business or purpose	os to be conducted or pro	omoted in Florida:
Investments in entertainr	nent entities	·
A		
Signature of	f a member or an author	ized representative of a member.
		of this document constitutes an affirmation under the am aware that any false information submitted in a
document to the Depart		ird degree felony as provided for in s.817.155, F.S.)
Louis Dil	arnari, manager	

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 Co.	mpany is:	
LBARC MGMT, LLC		
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street addre	ess of the registered agent and office are:	
Louis Birdman		
	(Name)	
425 North Federal I	Highway	
Florida Street A	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.

(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

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "LBARC MGMT, 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 FIRST DAY OF AUGUST, A.D. 2011.

4811225 8300

110875944

AUTHENTY CATION: 8941055

DATE: 08-01-11

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