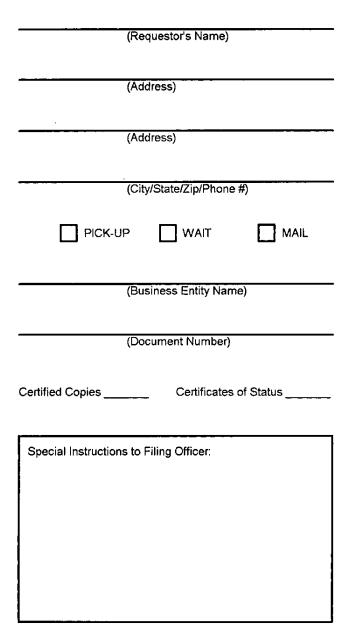
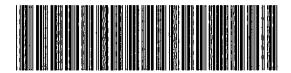
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B. BOSTICK
MAY 1 6 2012

COVER LETTER

Registration Section *
Division of Corporations

TO:

SUBJECT: Nexxt Show, LLC			
Name	e of Limited Liability Company		
The enclosed "Application by Foreign Limited Liabil Existence, and check are submitted to register the abo	ity Company for Authorization to Transact Business in Florida, ove referenced foreign limited liability company to transact busi	" Certifi ness in :	icate of Florida
Please return all correspondence concerning this matt	er to the following:		
Michael Hall			
	Name of Person		
Nexxt Show, LLC			
	Firm/Company		
61 Strafello Drive			
	Address		
Avon, MA 02322			
	City/State and Zip Code		
mikeh@nexxtshow.cor	m ASE	121	
E-mail address: (to	be used for future annual report notification) E call:	2 MAR 29 PH 4: 25	FILED
Matthew Epstein	at (877) 836-3131	P <u></u>	Ö
Name of Person	Area Code & Daytime Telephone Number	Ļ: 2	
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	, co	
Enclosed is a check for the following amoun \$\sqrt{25.00}\$ Filing Fee \$\sqrt{30.00}\$ Filing Fee Certificate of Statu	& \$\Bigsim\$155.00 Filing Fee & \$\Bigsim\$160.00 Filing Fee, Certific		

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:

LIVINED LIABILITY COMPANY TO TRAINSACT BOSINESS IN THE STATE OF PLONIDA.	
1. Nexxt Show, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
Nexxt Show, LLC	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited L Company," "L.L.C," "LLC.")	
2. Delaware 3. 27-1136668	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 10/08/2009 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual")	to
6. April 1, 2011	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 61 Strafello Drive	
Avon, MA 02322	771
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	(7** *** *******************************
9. The name and usual business addresses of the managing members or managers are as follows:	
Matthew Epstein	<u> </u>
61 Strafello Drive	
Avon, MA 02322	<u>_</u>
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language translation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
Trade show and exposition services	·
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.	ı

Typed or printed name of signee

Matthew Epstein

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 th	e Limited Liability Comp	any is:			
Nexxt Show	, LLC			 -	
If unavailable, the	alternate to be used in the	e state of Florida is:			
2. The name and	the Florida street address of	of the registered agent and office are:		-	•
	InCorp	Services, Inc.			
_		(Name)	SEI	12	
<u>1</u> 2	7888 67th Court Nor		AHA	MAR ?	77
	Florida Street Addi	ress (P.O. Box <u>NOT</u> ACCEPTABLE)	SSET	29	
L	oxahatchee	FL 33470	OF S	PH 4: 2!	
		City/State/Zip	TATE ORIO	÷: 25	
liability company a agent and agyee to relating to the prop	t the place designated in th act in this capacity. I furth er and complete performa	o accept service of process for the above stated is certificate, I hereby accept the appointment her agree to comply with the provisions of all since of my duties, and I am familiar with and accept as provided for in Chapter 608, Florida Statu	t as registe statutes ccept the etes.		v) C
2 2004	(Signa	behalf of Incorp Sen	n u s	سلم	14.,
•	\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for Application Designation of Registered Agent 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 "NEXXT SHOW, 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 TWENTIETH DAY OF FEBRUARY, A.D. 2012.

12 MAR 29 PH 4: 25
SECHETARY OF STATE
FALLAHASSEE, FLORING

4740095 8300

120118366

AUTHENTICATION: 9375850

DATE: 02-20-12

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



March 30, 2012

MICHAEL HALL 61 STRAFELLO DRIVE AVON, MA 02322

SUBJECT: NEXXT SHOW, LLC Ref. Number: W12000018063

We have received your document for NEXXT SHOW, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

The registered agent must sign accepting the designation.

You must type the complete/legal name of the individual(s) signing the document in each signature block.

Please return 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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 212A00010696