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K.SALY EXAMINER MAY 2 2 2012

#### **COVER LETTER**

TO:

TO: Registration Section Division of Corporations			
SUBJECT: BBA Studios, 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:			
Scott Schill			
Name of Person			
BBA Studios LLC			
Firm/Company			
4146 44th Ave SW			
Address			
Seattle, Washington 98116			
Ci	ity/State and Zip Code		
schill.scottj@gmail.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please ca	all:		
Scott Schill	<sub>at (</sub> 206 ) 516-3822		
Name of Person	Area Code & Daytime Telephone Number		
Division of Corporations Registration Section P.O. Box 6327 Cli Tallahassee, FL 32314 Cli	registration Section ifton Building 61 Executive Center Circle illahassee, FL 32301		
Enclosed is a check for the following amount:  \$\sum_{125.00 \text{ Filing Fee}} \sum_{\text{Certificate of Status}} \text{\$\$\$\$\$\$\$ Certificate of Status}	\$155.00 Filing Fee & \$160.00 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:

BBA Studios LLC     (Name of Foreign Limited Liability Company; must in the company)	include "Limited Liability Company," "L.L.C.," or "LLC.")
	urpose of transacting business in Florida and attach a copy of the written alternate name. The alternate name must include "Limited Liability
2. Washington State	3, 45-4842409
(Jurisdiction under the law of which foreign limited liabili company is organized)	ity (FEI number, if applicable)
4. 03/16/2012	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	
(See sections 608.501 & 608.502	n Florida, if prior to registration.) F.S. to determine penalty liability)
7. 4146 44th Ave SW, Seattle, Washingt	on 98116 5 2 5
	ress of Principal Office)
(Street Addr	ress of Principal Office)
8. If limited liability company is a manager-manager	ged company, check here 🗸
9. The name and usual business addresses of the n	nanaging members or managers are as follows:
Scott Schill 4146 44th Ave SW, Seattle, \	Washington 98116
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 photo	copy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be s	submitted.)
11. Nature of business or purposes to be conducted	d or promoted in Florida: Film Production
52/15	SO
Signature of a member or an	authorized representative of a member.
(In accordance with section 608.408(3), F.S., the o	execution of this document constitutes an affirmation under the
negalties of perjury that the facts stated berein as	P true I am aware that any false information submitted in a

Typed or printed name of signee

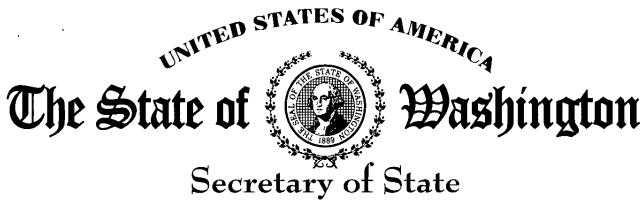
Scott Schill

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

## 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.

: The name	of the Limited Liability Com	pany is:		
BBA Studios, 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:		
	Dan Springen			
		(Nanic)		
	5131 Gramont Ave			
	Florida Street Ad	dress (P.O. Box <u>NOT acceptable</u> )		
	Belle Isle	FL 32812		
		City/State/Zip		
liability compagent and agr relating to the	any at the place designated in the ee to act in this capacity. I further proper and complete performating position as registered agent	to accept service of process for the above stated limited this certificate. I hereby accept the appointment as registored their agree to comply with the provisions of all statutes once of my duties, and I am familiar with and accept the at as provided for in Chapter 608, Florida Statutes.		
	(Sign	iature)		
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered Agent		



I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE/AUTHORIZATION OF **BBA STUDIOS LLC**

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 3/16/2012.

I FURTHER CERTIFY that as of the date of this certificate, BBA STUDIOS LLC remains active and has complied with the filing requirements of this office.

Date: May 10, 2012

UBI: 603-191-089



WARRE C

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State