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B. BOSTICK

FEB 2 6 2013

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: The Players Reel, LLC			
	of Limited Liability Company		
	ty Company for Authorization to Transact Business in Florid we referenced foreign limited liability company to transact bu		
Please return all correspondence concerning this matte	er to the following:		
Scott D. Budnick		-	
	Name of Person		
Dinsmore & Shohl, LLP		_	
	Firm/Company		
101 South Fifth Street, Su	ite 2500		
	Address	-	
Louisville, Kentucky 40202		_	
•	City/State and Zip Code		
scott.budnick@dinsmor	re.com		
E-mail address: (to b	be used for future annual report notification)	_	
For further information concerning this matter, please	call:		
Scott D. Budnick	at (502) 540-2334	13 FE	Dittrin
Name of Person	Area Code & Daytime Telephone Number	- EB 2	} <u>}</u>
Division of Corporations	Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section	. ≥	
	Registration Section Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	MH: 17	
Enclosed is a check for the following amount \$\int\\$125.00\ \text{Filing Fee} \text{\$\frac{1}{3}130.00\ Filing Fee} \text{\$\text{Certificate of Status}}\$	& []\$155.00 Filing Fee & []\$160.00 Filing Fee, Certif		

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:

LIMITED LIADILITY	COMI ANT TO TRAINING F BOSHNESS IN I	1115	STATE OF TEORIDA.			
1. The Players	Reel, LLC					_
(Name of For	eign Limited Liability Company; must i	nelue	le "Limited Liability Company," "L.L.C.," (or "LLC	:.")	
						_
(If name unavailable	, enter alternate name adopted for the pu	ırpos	e of transacting business in Florida and attac	h a cop	y of the	written
consent of the manag	gers or managing members adopting the	alter	nate name. The alternate name must include	"Limite	ed Liabi	ility
Company," "L.L.C,"	("LLC.")					
2. Delaware		3.	45-4877888			
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)						
company is organ	ized)					
4. February 12,		5.	Perpetual			_
(Da	ate of Organization)		(Duration: Year limited liability comparexist or "perpetual")	y will c	ease to	
6.						
	(Date first transacted business in (See sections 608.501 & 608.502	ı Flo F.S.	rida, if prior to registration.) to determine penalty liability)			_
₇ 1710 Hawk	c Hill Road					
··				<u></u> ≱⊹	ದ	
LaGrange, k					S	
	(Street Addi	ress o	f Principal Office)	meker :	8	77
8. If limited liab	ility company is a manager-manag	ged :	company, check here		25	10 may 100 may
	y company to a manager manag	 -		ri Ti	100	
9. The name and	usual business addresses of the n	nana	ging members or managers are as fo	llows:	AM II:	
141 112				6710	· · ·	
Ward Kerr				<u> </u>	~	-
1710 Hawl	k Hill Road			-		
						-
LaGrange	, KY 40031					_
10 Attached is an ori	iginal certificate of evictence, no more than	9 0 4	ays old, duly authenticated by the official havi	ทิต ติมสถ	dvofm	cords in
	•		is not acceptable. If the certificate is in a fore	_	•	cords in
•	ificate under oath of the translator must be		•	 		
			ŕ		rina of	
11. Nature of bu	siness or purposes to be conducted	d or	promoted in Florida: The design and	enginee	anny or	-
audio visua	I technologies.					۔ ٠
	14 1/					
	Signature of a member or an	aut	horized representative of a member.			
(In ac			tion of this document constitutes an affirmation	under the	;	
pena	alties of perjury that the facts stated herein a	re tru	e. I am aware that any false information sub-	nitted ir	a	
doc	•	tutes	a third degree felony as provided for in s.81	7.155, I	F.S.)	
	Ward Kerr					

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.

The name of the Limited Liability Company is: The Players Reel, LLC						
If unavailable,	e, the alternate to be used in the state of Florida is:					
2. The name as	and the Florida street address of the registered agent and office are:					
Paul W. Bowen						
	(Name)					
	7512 Dr Phillips Blvd Ste 50-907					
Florida Street Address (P.O. Box NOT ACCEPTABLE)						
	Orlando FL 32819					

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

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE PLAYERS REEL, 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. 2013.

5111883 8300

130200183

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 0228999

DATE: 02-20-13

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