M130000433

(Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
(City)	/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Busi	iness Entity Na	me)	
, (Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to F	iling Officer:		

Office Use Only

MAR _ 6 2013 G. MCLEOD



600245150456

03/04/13--01019--020 **160.00

13 MAR -4 PM 2: 37
SECRETARY OF STATE
ALLAMASSER FINANCE

United States of America State of Ohio Office of the Secretary of State

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SHOOP'S PRIMO PROMO LLC, an Ohio For Profit Limited Liability Company, Registration Number 1951190, was organized within the State of Ohio on July 26, 2010, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of February, A.D. 2013

Ohio Secretary of State

Validation Number: V201356F54389

CR2E027 (9/10)

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Shoop's Prime Prome LLC Name of Limited Liability Company					
Name of Elimed Bability 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:					
Anthony John Schupp Name of Person					
Name of Person					
Shoop's Prima Prama LLC					
Firm/Company					
15013 Front Beach Road 15013 Address					
Panama City Beach Florida 32413					
City/State and Zip Code					
Anthony J Schupp@ a DI. com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Anthony John Schupp at 440, 478-5587					
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: \$\Bigsim \frac{1}{2} \frac{125.00}{2} \frac{1}{2} \frac{130.00}{2} \frac{130.00}{2} \frac{1100}{2} \frac{1}{2} \frac{155.00}{2} \frac{1100}{2} \frac{155.00}{2} \frac{1100}{2} \frac{155.00}{2} \frac{1100}{2} \frac{1100}{2} \frac{1000}{2} \frac{1100}{2} \frac{1000}{2} \frac{1100}{2} \frac{1000}{2} 1					

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 RE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	GISTER	≀ A FC	DREIGN
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 consent of the managers or managing members adopting the alternate name. The alternate name must include "I Company," "L.L.C," "LLC.")	a copy o	of the v Liabilit	vritten Iy
2. Ohio (Jurisdiction under the law of which foreign limited liability company is organized) 3. 90-6597/0 (FEI number, if applicable)			
company is organized)			
4. 50, 26 Zo10 (Date of Organization) 5. Perpet (a) (Duration: Year limited liability company exist or "perpetual")	will cea	se to	
AN .	A14		
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	171 171	3 MAR	, .ehml
7. 15013 Front Beach Road		7	Simmann Simmann
Panama City Beach Florida 32413 (Street Address of Principal Office)			PTT
(Street Address of Principal Office)	75.0	[5	
8. If limited liability company is a manager-managed company, check here	FLORIDA	2:37	
9. The name and usual business addresses of the managing members or managers are as follows:	ows:		
Arthony John Schipp			
Arthory John Schipp 15013 front Beach Road			
Parama City Beach, FL 32413			•
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreignalization of the certificate under oath of the translator must be submitted.)	gn langu	uage, a	
11. Nature of business or purposes to be conducted or promoted in Florida: Mocketing	Mer	Chow	1.5c,
and Linousine Shrtle Sovice			
Signature of a member or an authorized representative of a member.			
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 ur penalties of perjury that the facts stated herein are true. I am aware that any false information submi document to the Department of State constitutes a third degree felony as provided for in s.817.	tted in a		
· · · · · · · · · · · · · · · · · · ·	,	,	
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: Shoop's Primo Promo 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: Arthory John Schupp (Name) 15013 Front Beach Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Panama City Beach FL 32.413 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)