Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Wendy, Hefley @ INCOrp, com

Foreign Limited Liability Company
ISMS LLC

TA APR 17 AM 11: 34
SECRETARY OF STATE
ALLAHASSEE, FLORIGA

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J. BRYAN

4/17/2013

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COVER LETTER

| | Registration Section Division of Corporation | g | | |
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| SUBJEC | T: | . ISM | S LLC | |
| | | Name of Lin | nited Liability Company | |
| The enclo Existence | osed "Application by For e, and check are submitted | reign Limited Liability Comed to register the above refer | spuny for Authorization to Trenced foreign limited liabil | nunsact Business in Florida," Certificate of ity company to transact business in Florida |
| Please re | turn all correspondence | concerning this matter to the | e following: | |
| | | We | andy Hefley | |
| | | | ame of Person | |
| | | Incorp | Services, Inc. | ZII. |
| | | Fi | пп/Сотрину | THE TOTAL TOTAL PROPERTY OF THE PARTY OF THE |
| | | 2360 Corpor | ate Circle, Suite 400 | TALLAHASSEE, FLORI |
| Address | | | | |
| | | Hender | rson, NV B9074 | <u> </u> |
| | | City/Si | tate and Zip Code | 語. 2 |
| | | docume | nts@incorp.com | The state of the s |
| | | E-mail address: (to be used | for future annual report not | discation) |
| For furthe | r information concernin | g this matter, please call: | | |
| •_ | Wendy Helley for I | ncorp Services, Inc. | 702 , 866- | 2500 |
| - | Name | of Person Area | Code & Daytime Telephon | ne Number |
| - F | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 'allahassee, FL 32314 | Divisio: Registri Clifton 2661 E: | TT ADDRESS: n of Corporations ntion Section Building Recutive Center Circle assec, FL 32301 | |
| | d is a check for the f 3 \$125,00 Filing Fee | ollowing amount: © \$130.00 Filing Fee & Certificate of Status | # \$155.00 Filing Fee & Certified Copy | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE BYTTH SECTION GORSOS, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ISMS LLC (Name of Foreign Limited Limbility Company; must include "Limited Liability Company," "L.I..C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Nevada (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company exist or "perpetual") Upon registration (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 2610 NW 89th Court, Miami, FL 33172 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Member Manager-Michael Snyder 2610 NW 89th Court, Miami, FL 33172 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 photocopy is not acceptable. If the certificate is in a foreign language, a 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: Buving and selling used slot machines 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.)

Michael Snyder-Member 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 Compa | ny is: | | |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | K | SMS LLC | | |
| If unavailable, t | he alternate to be used in the | state of Florida i | s: | TALL TALL |
| 2. The name an | d the Florida street address of | f the registered a | gent and office are: | THE PARTY OF THE P |
| | Incor | p Services, Inc | . . | e e |
| | | | | |
| | 72" | | | |
| | | | | |
| | Loxahatchee | FL | 33470 | · |
| | | City/State/Zip | | |
| liability compan registered agent statutes relating | med as registered agent and to y at the place designated in the and agree to act in this capac to the proper and complete pe ations of my position as regist | is certificate, I he eity. I further agr erformance of my ered agent as pro | ereby accept the app ree to comply with the duties, and I am far ovided for in Chapte | ointment as ne provisions of all miliar with and |

\$ 100.00 Filing Fee for Application

\$ 25.00

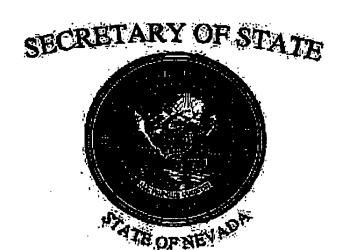
\$ 30.00

S 5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, ISMS LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 1, 2013, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20130417-0246
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 17, 2013.

ROSS MILLER. Secretary of State

MILL CO. 34