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SECRETARY OF STATE.

ALLAHASSEE FLORINA

9-12-13

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Chopper Shots Imaging, 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:

Rael Lubner
Name of Person
Chopper Shots Imaging
Firm/Company
5500 Military Trail, Ste. 22-244
Address
Jupiter, FL 33458
City/State and Zip Code
info@choppershots.net
E-mail address: (to be used for future annual report notification)
mation concerning this matter, please calls

For further information concerning this matter, please call

Rael Lubner

_{...}561 \ 972-8859

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

□ \$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 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:

	unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
	y," "L.L.C," "LLC.")
2. Te x	
	diction under the law of which foreign limited liability (FEI number, if applicable) any is organized)
4. 3/2	25/05 _{5.} Perpetual
·· <u>-</u>	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	· Port
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	
·	00 Militany Trail Ste 22-244 Juniter El 33458
55	oo wiiitary Itali, Ste. 22-244, Suprier, I L 33-30
	(Street Address of Principal Office)
8. If lis	mited 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:
R	ael Lubner, Jennifer Lubner
	500 Military Trail, Ste. 22-144
<u> </u>	500 Military Trail, Ste. 22-144
<u>J</u>	ıpiter, FL 33458
10 Atta	ched is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisc	liction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translatio	on of the certificate under oath of the translator must be submitted.)
11. Na	ture of business or purposes to be conducted or promoted in Florida: Photography
····	
	Wall of the
	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

Typed or printed name of signee

Rael Lubner

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.)

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:

Chopper Shots Imaging, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name	and the Florida street addres	s of the registered agent and office are:	IA A	ಪ	
	Rael Lubner		CRETA	SEP	11
		(Name)	SE	19	一
	5500 Military	Trail, Ste. 22-244	of \$1, E. FLO	P	ED
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		RIDA	***	
	Jupiter	_{FL} 33458	, 		
		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)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for Chopper Shots Imaging LLC (file number 800470842), a Domestic Limited Liability Company (LLC), was filed in this office on March 23, 2005.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 02, 2013.





John Steen Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/