Division of Corporations

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(((H13000209151 3)))



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To:

Division of Corporations

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From:

Account Name : NORTHWEST REGISTERED AGENT LLC

Account Number : 120090000081

Phone

: (509)768-2249

Fax Number

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Foreign Limited Liability Company EMERALD COAST CRUIZIN LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

September 20, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NORTHWEST REGISTERED AGENT LLC

SUBJECT: EMERALD COAST CRUIZIN LLC

REF: W13000052271

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H13000209151 Letter Number: 313A00022143

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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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
|--|
| 1. EMERALD COAST CRUIZIN LLC (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 a copy of the writ consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") |
| 2. MISSISSIPPI 3. |
| (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) |
| 4. MAY 2, 2007 5. |
| (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. 3030 N. ROCKY Point Dr. STE 150A, TAMPA, FL 33607 |
| (Omera 1 days - April - 1 o Ap |
| (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: |
| ROBERT PARRISH - PO BOX 361, RIPLEY, MS 38663 |
| SSE 20 |
| |
| |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cristody of records 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: |
| ORGANIZE, PRODUCE AND CONDUCT CLASSIC CAR EVENT |
| grah- |
| 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.) DAN KEEN |
| 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.

| If unava | ilable, the alternate to be used | in the state of Florida is: | |
|----------|--|---|--|
| 2. The r | name and the Florida street ad | dress of the registered agent and office ar | e: |
| | Registered Agents | inc. | |
| | | (Name) | |
| | 3030 N. Rocky P | oint Dr. STE 150A | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | | —————————————————————————————————————— |
| | Tampa | _{FL} 33607 | AH IO: 44 |
| | | City/State/Zip | 三 |

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)

Dan Keen-President

\$ 5.00 Certificate of Status (optional)

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

EMERALD COAST CRUIZIN LLC

Formed May 2, 2007

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

301 SOUTH SIDDALL RIPLEY MS 38663

and that the registered agent at that address is:

PARRISH, ROBERT R

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

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Given under my hand and seal of office September 19, 2013

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 13099132-1 Page 1 of 1 Reference:

Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp