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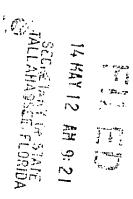
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J. Shivers MAY 20 ?@1401

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: One.23 Entertainment Group, 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:
Angela Coates
Name of Person
Bingham Greenebaum Doll LLP
Firm/Company
300 W. Vine Street, Suite 1100
Address
Lexington, KY 40507
City/State and Zip Code
acoates@bgdlegal.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angela Coates _{at (} 859) 288-4605
Name of Contact 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: \$\Bigsize \text{\$125.00 Filing Fee} \text{\$\Bigsize \text{\$130.00 Filing Fee & Certificate of Status}} \Bigsize \$\Bigsize \text{\$\Bigsize \text{\$\Bigniz

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. One.23 Entertainment Group, 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. The alternate liability Company," "L.L.C," or "LLC.")	ate name mus	t includ	e "Limited
2. Kentucky 3.			•
(Jurisdiction under the law of which foreign limited liability (FEI number, if a company is organized)	oplicable)		
4.			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
_{5.} 1056 Wellington Way, Suite 190			
Lexington, Kentucky 40513			
(Street Address of Principal Office)			
6			
(Mailing Address)		<u> </u>	
7. The name, title or capacity and address of the person(s) who has/have authority t	o manage	is/are	:
Royce G. Pulliam, Manager	Z AK		
1056 Wellington Way, Suite 190	7	TAY	- Frankla
	# 1 3 a s	\sim	to Mariner,
Lexington, Kentucky 40513	<u> Fig</u>	239	in i
8. Attached is an original certificate of existence, no more than 90 days old, duly aut	hentinated	So Bù th	Chara ekofficial
having custody of records in the jurisdiction under the law of which it is organized. (acceptable. If the certificate is in a foreign language, a translation of the certificate u must be submitted)	(A photoco	o py is	not
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjument are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in the penalties of the Department of State constitutes a third degree felony as provided in the Department of State constitutes as the degree felony as provided in the Department of State constitutes as the degree felony as provided in the Department of State constitutes as the degree felony as provided in the Department of State constitutes as the degree felony as provided in the Department of State constitutes as the Department of State constitutes	ury that the facts rided for in s.817	stated her	ein are tous, 1)
Royce G. Pulliam, Manager			

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability C Entertainment		_
If unavailable	, the alternate to be used	in the state of Florida is:	
2. The name of	and the Florida street add	lress of the registered agent and office are:	-
	Capitol Corp	orate Services, Inc.	
		(Name)	
	155 Office Pl	laza Drive, Ste A	
	Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	32301 FL 32301	
		City/State/Zip	- 四年2 ・ 1 ・ 2 ・ 3 ・ 3 ・ 3 ・ 4 ・ 5 ・ 5 ・ 6 ・ 7 ・ 7 ・ 7 ・ 7 ・ 7 ・ 7 ・ 7 ・ 7
liability compo registered age statutes relativ	any at the place designate nt and agree to act in this ng to the proper and comp	and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provision of all plete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, Florida (Signature)	E € €

Filing Fee for Application \$ 25.00 Designation of Registered Agent Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

\$ 100.00

\$ 30,00

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 150647

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx.to.authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

One 23 Entertainment Group, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is February 8, 2013 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my-Official Seal at Frankfort, Kentucky, this 8th day of May, 2014, in the 222nd year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

150647/0849466