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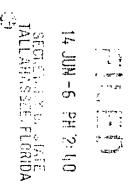
(Requestor's Name)
(Address)
, (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600260897346

06/06/14--01016--004 **160.00



COVER LETTER

	ation Section n of Corporations
SUBJECT:	TAKE-2 LLC
	Name of Limited Liability Company
	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of neck 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:
	Frederick Barton Name of Person
	Name of Person
	TAKE - 2 LLC Firm/Company
	Firm/Company
	1236 Itubbard St. Address
	Address
	Jacksonville FL 32206 City/State and Zip Code
	City/State and Zip Code
-	Fjbtake 2 e gmail. com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report nonneation)
For further inform	nation concerning this matter, please call:
F	red Barton at 404 277-5808
	Name of Contact Person Area Code Daytime Telephone Number
	NG ADDRESS: of Corporations STREET ADDRESS: Division of Corporations
_	tion Section Registration Section
P.O. Bo Tallahas	x 6327 Clifton Building see, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a	check for the following amount:
	00 Filing Fee \$\Boxed{\sigma}\$130.00 Filing Fee & \$\Boxed{\sigma}\$\$155.00 Filing Fee & \$\Boxed{\sigma}\$\$160.00 Filing Fee, Certificate of Status & Certified Copy

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED: October 24, 2010 JURISDICTION

: 10074359 : Georgia

PRINT DATE

: June 02, 2014

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

TAKE-2 LLC A Domestic Limited Liability Company

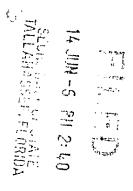
was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Brian P. Kemp Secretary of State



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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TAKE - 2 LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
TAKE - 2 LLC OF GEORGIA (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited"
TITUE OF THE CONTROL
2. <u>Georgia</u> 3. GA control #: 100 74359
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. To be determined
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1236 Hubbard St.
Jacksonville, FL 37206 (Street Address of Principal Office)
6. TAKE-2 LLC - ATTN. Fred Barton
1236 Hubbard St. Jacksonville FL 32206 (Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Frederick J. Barton - secy
Frederick J. Barton - secy Margaret B. Debardeleben - Principal (single member)
8. 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)
Signature of an authorized person
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 perjury that the facts stated herein are true, 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.)

Margaret B. Debardeleben
Typed or printed name of signee

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.

1. The name of the Limited Liability Company is:			
TAKE - 2 LLC			
If unavailable, the alternate to	be used in the state of Florida is:		
TAKE - 2 LLC	of Georgia		

2. The name and the Florida street address of the registered agent and office are:

Frederick Barton		
(Name)		
1236 Hubbard St.		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Jacksonville, FL 32206		
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 605, 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)