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AUG 1 4 2014 S. YOUNG

COVER LETTER



Registration Section Division of Corporations

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and

Existence, and check are submitted	to register the above re	erenced foreign limite	ed liability company to	transact business in Flor
Please return all correspondence con	ncerning this matter to t	he following:		
MARCO	COSTA			
		Name of Person		
		Firm/Company		
5848 N .	BRIGHT S	STAR DR.		
		Address		1
TUCSO	N, AZ 8571	18		
		//State and Zip Code		- 1
simone@	simonean	naduzzi.co	om	
	E-mail address: (to be u	sed for future annual rep	port notification)	
For further information concerning	this matter, please call:			हिस य
MARCO CC	STA	_{at (} 520	334-7667	<u> </u>
Name of 6	Contact Person	Area Code	Daytime Telephon	e Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divis Regi: Cliffo 2661	EET ADDRESS: sion of Corporations stration Section on Building Executive Center Cin hassee, FL 32301	cle	
Enclosed is a check for the following Fee I \$125.00 Filing Fee I	llowing amount: ☐ \$130.00 Filing Fee & Certificate of Status	≥ □ \$155.00 Filing Certified Cop		Filing Fee, Certificate & Certified Copy
			N .	



IN COMPLIANCE WITH SECTION 605 D902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SAP PRODUCTIONS, LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") SIMONE AMADUZZI PHOTOGRAPHER PRODUCTIONS LLC. (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 32-0433721 ARIZONA (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 5848 N. BRIGHT STAR DR. 5. **TUCSON, AZ 85718** (Street Address of Principal Office) 5848 N. BRIGHT STAR DR. TUCSON, AZ 85718 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are SIMONE AMADUZZI 1 ANDREA SARA MARIA VILLAVICENCIO CI 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 (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 berein are true, I ain aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.) SIMONE AMADUZZI Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605,0143 or 605,0902 (Did), 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 unavailable, the alterna SIMONE AMADUZZI F		state of Florida is: PRODUCTIONS, LLC.		
2. The name and the Flor	ida street address of	the registered agent and of	fice are:	
ROBER	T KALAFUT			
		(Name)		
828 N. I	LAKE CLAIRE CIF	RCLE		
	Horida Street Addre	SSTP O BOX NOT AD EPI MRT		
OVIEDO	0	32765 1-1 City State Zin	JALLAI ALLAI	.
liability company at the pl registered agent and agre statutes relating to the pro-	ace designated in the c to act in this capac per and complete pe	accept service of process for is certificate. Thereby accept ity. I further agree to complete formance of my duties, and agent as provided for in	the appointmentary == y with the provisions of a I am familiar with find o	i H

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent?

Certificate of Status (optional)

\$ 100,00

\$ 25.00

\$ 30.00

5.00

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

SAP PRODUCTIONS, LLC

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 20th day of February 2014.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-801 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 1st Day of August, 2014, A. D.



Jodi A. Jerich, Executive Director

v: 1100404