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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					

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SECRETARY OF STATE



ACCOUNT NO. : 12000000195						
REFERENCE : 300852 4306704						
AUTHORIZATION: Include man						
COST LIMIT : \$ 125.00						
ORDER DATE : September 17, 2014						
ORDER TIME : 3:16 PM						
ORDER NO. : 300852-005						
CUSTOMER NO: 4306704						
FOREIGN FILINGS						
NAME: SHOOTING STARZZ, LLC						
XXXX QUALIFICATION (TYPE: <u>LL</u>)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Courtney Williams EXT# 62935						

EXAMINER:

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: L Shooting Starzz, 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 name must include "Limited Liability Company." "L.L.C." or "LLC.") 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) Upon qualification (Date first transacted business in Florida if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1590 NW 27th Ave Ste 2 Pompano Beach FL 33069 (Street Address of Principal Office) 1590 NW 27th Ave Ste 2 Pompano Beach FL 33069 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: Jeffrey Cohen, Managing Member 1590 NW 27th Ave Ste 2, Pompano Beach, FL 33069 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 whichlit is organized. (A photocopy is not acceptable. If the certificate is in a foreign language of 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 constitute an affirmation under the penalties of perjury that the facts stated herein are true, I am aware that any later information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155, F.S.) Jeffrey Cohen, Managing Member

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.

1. The name of SHOOTING ST	of the Limited Liability Company is: ARZZ, LLC			
If unavailable,	the alternate to be used in the state of Florida is:	• •		
2. The name and the Florida street address of the registered agent and office are:		SECRET TALLAH	14 SEP	
	Corporation Service Company	ARY ASSE	17	
	(Name)	OF S	PX	
	1201 Hays Street	STATE. LORIDA	£1:45	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	–)	٠,	
	Tallahassee 32301 FL 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.

Corpoi	ation Service Compar	ıy	
Ву:	Cintel	Asst.	VP
	(Si _l	gnature)	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SHOOTING STARZZ, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHOOTING STARZZ, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2014.

14 SEP 17 PH L: LS
SECRETARY OF STATE
TALLAHASSEF FINALE

5593521 8300

141189422

Jeffrey W Bullock, Secretary of State
AUTHENTICATION: 1705380

DATE: 09-17-14

You may verify this certificate online at corp.delaware.gov/authver.shtml