Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for fature annual report mailings. Enter only one email address please. \*\*

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#### Foreign Limited Liability Company Urban Exposition, L.L.C.

Certificate of Status Certified Copy 0 05 Page Count Estimated Charge \$1,946.25

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10/8/2014

#### COVER LETTER

	COVER DELIER
TO: Registration Division o	on Section I Corporations
SUBJECT. URBA	AN EXPOSITION, L.L.C.
	Name of Limited Liability Company
	leation by Foreign Limited Liability Company for Authorization to Transact Business in Plorida," Certificate k are submitted to register the above referenced foreign limited liability company to transact business in Flor
Please return all con	respondence concerning this matter to the following:
<u> </u>	na Marcela Rouniree
_	Name of Person
Ru	intree Law Pirm
<del></del>	Firm/Company
23	7 Courthouse Square
_	Address
Da	silas, GA 30132
	City/State and Zip Code
An	n@RountreoLnw.com
	E-mail address: (to be used for fidure annual report notification)
For further informati	ion concerning this matter, please call:
Ann Marco	ela Rountrec at (770 ) 443-6060
<del></del>	Name of Contact Person Area Code Daytimo Telephane Number
	327 Clifton Building
	ck for the following amount:
□ \$125.00	Filing Fee

## 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:

(Name of Poreign 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 nan Liability Company," "L.L.C," or "LUC.")	ne must include "Limited
2. Delaware 3. 58-2193535	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applications company is organized)	ila)
4, 2000	
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	14 IAII
5, 1690 Roberts Blvd. #111	
Kennesaw, GA 30144	HA
(Sireet Address of Principal Office)	in o
5, 1690 Roberts Blvd. #111	
Kennesaw, OA 30144	FLOOP STA
(Malling Address)	8 3 S
7. The name, title or capacity and address of the person(s) who has/have authority to ma	nage is/are:
Doug Miller - CEO	
1690 Roberts Bivd. #111	
Kennessw, GA 30144	
Attached is an original certificate of existence, no more than 90 days old, duly authentinaving custody of records in the jurisdiction under the law of which it is organized. (A phaceeptable. If the certificate is in a foreign language, a translation of the certificate under must be submitted)  Signature of an authorized person in accordance with section 605.0203, F.S., the execution of this document contilues an affirmation under the penalties of perjury if	notocopy is not oath of the translator
an aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided  And Marcela Rountree	

Typed or printed name of signee

FLOST - 01/14/2014 Wolters Kloner Coline

## 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 nam	e of the Limited Liability	Company is:
URBAN EXT	OSITION, L.L.C.	
If unavailab	le, the alternate to be used	d in the state of Florida is:
2. The nam	e and the Florida street ac	ddress of the registered agent and office are:
	C T Corporation System	ı.
		(Name)
	1200 South Pine Island	
	Florida St	reel Address (P.O. Box NOT ACCEPTABLE)
	Plantation	FL 33324
		City/State/Zip
liability com registered ap statutes rela	pany at the place designa gent and agree to act in th ting to the proper and con	nt and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as its capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and us registered agent as provided for in Chapter 605, Florida
	By: C T Corporation Syst	Jenifer Vincent  (Signature)  Vice President & Assistant Secretary  00.00 Filing Fee for Application

\$ 25.00

\$ 30.00

Designation of Registered Agent

Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

DAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "URBAN EXPOSITION, L.L.C." 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 SECOND DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2546513 8300

141249552

You may vorify this cortificate online

Jeffrey W. Bullock, Secretary of State

DATE: 10-02-14