## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name

: NORTHWEST REGISTERED AGENT LLC

Account Number : I20090000081

Phone

: (509)768-2249

Fax Number

: (855)330-1010

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

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### Foreign Limited Liability Company **Ultimate Events LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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Corporate Filing Menu

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https://ofile.cunblz.org/scripts/efilcovr.exe



## 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:							
Ultimate Events LLC							
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")							
Ultimate F Grp, 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. DE 3.							
2. Unisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized)							
4.							
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine punity liability)							
5. 3030 N. Rocky Point Dr. STE 150A							
Tampa Florida 33607							
(Street Address of Principal Office)							
Tampa Florida 33607 (Street Address of Principal Office)  6. 3030 N. Rocky Point Dr. STE 150A							
Tampa Florida 33607 (Mailing Address)							
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:							
William Loiry, MANAGER							
1521 Concord Pike #303 Wilmington Delaware 19803							
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 attimation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817.155, F.S.)							
William Loiry							
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 the Limited Liability Company is:	The state of the s
Ultimate Events LLC	E S IN
If unavailable, the alternate to be used in the state of Florida is:	
Ultimate F Grp, LLC	
2. The name and the Florida street address of the registered agent and office are:	

Northwest Registered Agent LLC

(Name)

3030 N. Rocky Point Dr., STE 150A

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tampa 33607

FL

City/State/Zip

Having been named as registered ugent 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.

Dan Keen - Manager

(Signature)

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

\$ 5.00 Certificate of Status (optional)

#### FICTITIOUS NAME RESOLUTION

I, William Loiry, Manager of Ultimate Events LLC, a Delaware Limited Liability Company, authorize use of the fictitious name Ultimate F Grp, LLC, for use in the State of Florida.

Dated this 27th day of October, 2014.

William Loiry, Manager, Ultimate Events LLC

TOWN OF STORING

# Delaware

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### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ULTIMATE EVENTS 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 TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ULTIMATE EVENTS LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2013.

5436302 8300

141335998

You may worify this certificate online at corp.delsware.gov/suthwar.shtml

AUTHENTY CATION: 1811727

DATE: 10-27-14