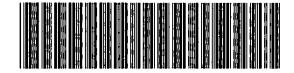
# \*11/14/000008284

(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:		

Office Use Only



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11/10/14--01003--031 \*\*125.00

SECRETARY OF STATE

FILED

LY Nicol

NOV 1 7 2014

November 5, 2014

Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: Register a Foreign Limited Liability Company

Please find enclosed our application and check for the filing fee.

Thank you,

Christine C. Bruce

Sports & Entertainment Travel, LLC

#### COVER LETTER

TO: Registration Section **Division of Corporations** 

Sports & Entertainment Travel, LLC

Name of Limited Liability Company

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

Christine C. Bruce

Name of Person

Sports & Entertainment Travel, LLC

Firm/Company

301 N. Neil Street, Suite 201

Champaign, IL 61820

City/State and Zip Code

christy@sportsandentertainmenttravel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine C. Bruce

Name of Contact Person

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

**STREET ADDRESS:** 

Tallahassee, FL 32301

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle

Enclosed is a check for the following amount:

**X**\$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## 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:

(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. Illinois (Jurisdiction under the law of which foreign limited liability company is organized)  4. 11/15/2014  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  3. 301 N. Neil Street Suite 201	Sports & Entertainment Trave	H, 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 "L.L.C." o	(Name of Foreign Limited Liability Co	
2. Illinois (Ourisdiction under the law of which foreign limited liability company is organized) 4. 11/15/2014  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  Champaign, IL 61820  (Street Address of Principal Office)  (Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Christine C. Bruce, Member, 1111 Country Lane, Champaign, IL 61821  Joel R. Malnick, Member, 310 S. Burrows St., State College, PA 16801  Sarah A. Twibell, Member, 310 S. Burrows St., State College, PA 16801  8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official	(If name unavailable, enter alternate name adopted fo	or the purpose of transacting business in Florida. The alternate name must include "Limited
(Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Christine C. Bruce, Member, 1111 Country Lane, Champaign, IL 61821  Joel R. Malnick, Member, 310 S. Burrows St., State College, PA 16801  Sarah A. Twibell, Member, 310 S. Burrows St., State College, PA 16801  S. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official		<sub>3</sub> 46-5544878
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Christine C. Bruce, Member, 1111 Country Lane, Champaign, IL 61821  Joel R. Malnick, Member, 310 S. Burrows St., State College, PA 16801  Sarah A. Twibell, Member, 310 S. Burrows St., State College, PA 16801  3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official	(Jurisdiction under the law of which foreign limite	d liability (FEI number, if applicable)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Christine C. Bruce, Member, 1111 Country Lane, Champaign, IL 61821  Joel R. Malnick, Member, 310 S. Burrows St., State College, PA 16801  Sarah A. Twibell, Member, 310 S. Burrows St., State College, PA 16801  3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official	<sub>4.</sub> 11/15/2014	
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Joel R. Malnick, Member, 310 S. Burrows St., State College, PA 16801  Sarah A. Twibell, Member, 310 S. Burrows St., State College, PA 16801  3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official	7. The name, title or capacity and address	ess of the person(s) who has/have authority to manage is/are:
Sarah A. Twibell, Member, 310 S. Burrows St., State College, PA 16801  3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official	Christine C. Bruce, Membe	r, 1111 Country Lane, Champaign, IL 61821
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official	Joel R. Malnick, Member, 3	10 S. Burrows St., State College, PA 16801
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official paying custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not	Sarah A. Twibell, Member, 3	310 S. Burrows St., State College, PA 16801
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator nust 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 herein are to	naving custody of records in the jurisdic acceptable. If the certificate is in a foreign must be submitted)	etion under the law of which it is organized. (A photocopy is not gn language, a translation of the certificate under oath of the translator law.)

Typed or printed name of signee

Christine C. Bruce

# 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:

## Sports & Entertainment Travel, LLC

If unavailable, the alternate to be used in the state of Florida is:	SECRETAL TO
2. The name and the Florida street address of the registered agent and office are:	SEE FIS
Kristen Harrington	CORNED 27
2200 S. Ocean Blvd., #403	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Delray Boach 33483	
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)

#### File Number

0468665-9



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SPORTS & ENTERTAINMENT TRAVEL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 24, 2014, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH day of OCTOBER A.D. 2014.

Desse Who

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE