

14 00600 FFLS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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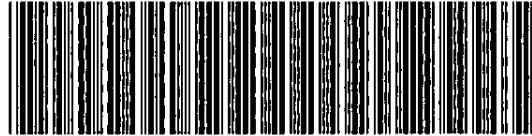
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 12 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAME NIGHT LIVE 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:

CHRIS ZOEPHEL

Name of Person

GAME NIGHT LIVE LLC

Firm/Company

P.O. BOX 140123

Address

BOISE, ID 83714

City/State and Zip Code

gamenightlive@gmail.com

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

For further information concerning this matter, please call:

CHRIS ZOEPHEL

Name of Contact Person

at (208)

Area Code

371-5135

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$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
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. GAME NIGHT LIVE LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

GAME NIGHT 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. IDAHO 3. 46-2354411
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/15/14
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

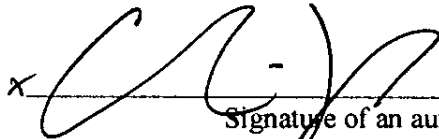
5. 9500 DORSETSHIRE PLACE
BOISE ID 83704
(Street Address of Principal Office)

6. PO BOX 140123
BOISE ID 83714
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

CHRISTOPHER ZOEPHEL, OWNER / MANAGER
12711 NORTH 11TH AVE
BOISE ID 83714

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)

x 

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 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 s.817.155, F.S.)

CHRISTOPHER PAUL ZOEPHEL

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:

GAME NIGHT LIVE LLC

If unavailable, the alternate to be used in the state of Florida is:

GAME NIGHT LLC

2. The name and the Florida street address of the registered agent and office are:

BO BARTLETT

(Name)

1473 CRANE CREEK

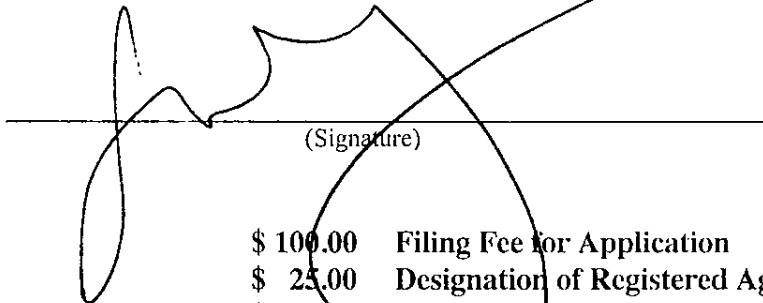
Florida Street Address (P.O. Box NOT ACCEPTABLE)

MELBOURNE FL 32940

City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above named 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)

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE
OF
GAME NIGHT LIVE LLC

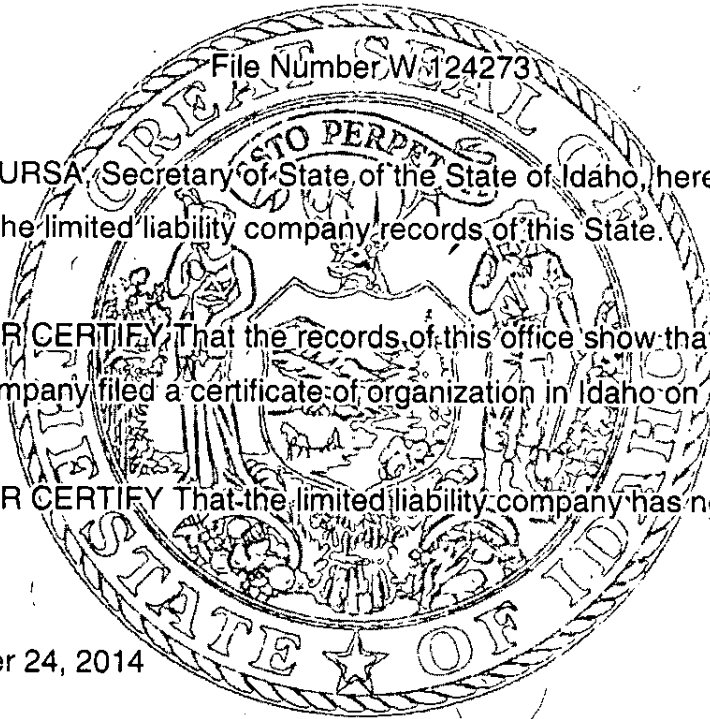
File Number WM 24273

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State.

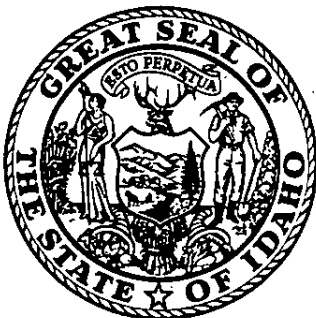
I FURTHER CERTIFY That the records of this office show that the above-named limited liability company filed a certificate of organization in Idaho on 15 April 2013.

I FURTHER CERTIFY That the limited liability company has not been dissolved.

Dated: November 24, 2014



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Ben Ysursa

SECRETARY OF STATE

By *Mary DeBour*