

M15000000410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

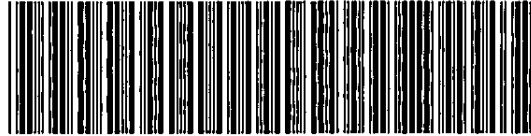
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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700 LLC

12/01/14--01010--007 **125.00

M15-410

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15 JAN 14 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 16 2015

N. CAUSSEAU

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ovation Merchandise 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:

Michael Mills

Name of Person

Ovation Merchandise LLC

Firm/Company

468 Broadway, Suite C

Address

Saratoga Springs, NY 12866

City/State and Zip Code

mike@millsentertainment.com

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

For further information concerning this matter, please call:

Mike Mills or Joella Knapp at **518** **306-4333**

Name of Contact Person

Area Code

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2014

MICHAEL MILLS
OVATION MERCHANDISE LLC
468 BROADWAY, SUITE C
SARATOGA SPRINGS, NY 12866

SUBJECT: OVATION MERCHANDISE LLC
Ref. Number: W14000073421

We have received your document for OVATION MERCHANDISE LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 714A00025996

FAX

	Date:	Wed Jan 14 16:59 EST 2015
	TO	
	Fax Number:	18502456030
	Name:	Nanette
	FROM	
	Fax Number:	15183064422
	Name:	Mills Entertainment fax
	Company:	
	Subject:	
	Pages:	2

Notes:

Hi Nanette,

This is the Certificate of Seal for the Sales Tax Registration for Ovation Merchandise, LLC. Payment and paperwork is already processed - pending this Certificate.

If you have any questions, please call me at (518) 306 - 4333 ext. 8010.

Thank You,

Joella

RECEIVED
15 JAN 15 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**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. **Ovation Merchandise 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. **New York**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **46-3402143**

(FEI number, if applicable)

4. **10/15/2014**

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

5. **468 Broadway, Suite C**

Saratoga Springs, NY 12866

(Street Address of Principal Office)

6. **468 Broadway, Suite C**

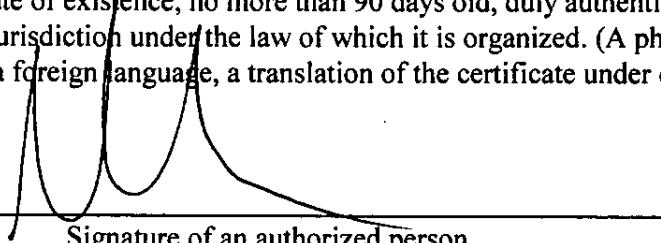
Saratoga Springs, NY 12866

(Mailing Address)

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

Michael Mills, Member. 6 Bank Alley, Saratoga Springs, NY 12866

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 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.)

Michael Mills

Typed or printed name of signee

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15 JAN 14 PM 1:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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:

OVATION MERCHANDISE 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:

NRAI Services, Inc.

(Name)

1200 South Pine Island Road

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

Plantation

FL

33324

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.

Kimberly Steinmetz

**Kimberly Steinmetz, VP & Assistant Secretary
NRAI Services, Inc.**

(Signature)

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

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15 JAN 14 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that OVATION MERCHANDISE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/02/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



FILED
15 JAN 14 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 05th day of January two
thousand and fifteen.

Anthony Giardina

Executive Deputy Secretary of State