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(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name	e)
(Docur	nent Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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2015 JUL 10 P 1: 25

JUL 1 3 2015 S MASON Drew Copeland ' 902 NW 50th Terrace Gainesville, Florida 32605

July 8, 2015

Division of Corporations *Registration Section*P.O. Box 6327

Tallahassee, Florida 32605

Dear Division of Corporations:

Filing for Briggs Entertainment LLC

EIN 47-3823815

Sincerely,

Drew Copeland

ENCLOSURE - APPLICATION, CERTIFICATE OF EXISTANCE AND CHECK

DEGRETARY OF STATE

COVER LETTER

T0:

	Registration Section Division of Corporation	ons		·	
SUBJEC	ct: Briggs E	ntertainment, LLC	1		_
		Name of	Limited Liability Co	ompany	
				on to Transact Business in Florida d liability company to transact bus	
Please re	turn all correspondence	concerning this matter to the	e following:		
			ew B. Copelan	nd	_
		N	lame of Person		
	<u> </u>	F	irm/Company		-
		902	NW 50th Terr	race	_
			Address		
			sville, Florida State and Zip Code	32605	_
		AC E-mail address: (to be use	Copey@mac.co	om	_
For furth	er information concerni	E-mail address: (to be use ng this matter, please call:	ed for future annual re	eport notification)	
		w Copeland	at (352)	514-8528	_
	Name	of Contact Person	Area Code	Daytime Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		1 0 2	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301	
	is a check for the follow				
	□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	Fee & \$160.00 Filing Fee, of Status & Certified C	
				SECRETARY OF STATE PALLAHASSEE, FLORIDA	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

. Name of Foreign	riggs Entertainment LLC Limited Liability Company; must include "Limited Liability Company"	ted Liability Compa	ny," "L.L.C.," or "Ü	LC.")	
If name unavailable, enter altern iability Company," "L.L.C," or	nate name adopted for the purpose of transacting	business in Florida.	The alternate name r	nust incl	lude "Limited
¥ 11 -		47. 20	22015		
. Indiana (Jurisdiction under the law of v company is organized)	which foreign limited liability	47-38 (FEI num	ber, if applicable)		
•	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration. etermine penalty liab) ility)		
	Oth Terrace Gainesville, Flor				
	(Street Address of Principal Office)			
902 NW 50	<u> Oth Terrace Gainesville, Flori</u>	da 32605			
			<u> </u>	2015	
	(Mailing Address)		27 (F)		11
Name and street address or	f Florida registered agent: (P.O. Box NOT	acceptable)			CONTRACTOR STATE
Name:	Andrew B. Copeland		m on the second	O T	
Office Address:	902 NW 50th Terrace		E C		ب
			70 P		
	Gainesville		32605 RAH	: 25	Ğ
		, Florida _	32605 >> (Zip code)	25	Ť
laving been named as regist his application, I hereby acc with the provisions of all stat the obligations of my position	(City) ce: tered agent and to accept service of process sept the appointment as registered agent and tutes relative to the proper and complete per as registered agent. (Registered agent's sig	, Florida _ s for the above sta nd agree to act in t rformance of my ((Zip code) ted corporation at his capacity. I fundament	25 the pla	ce designated ree to comply
laving been named as regist his application, I hereby accepte the provisions of all state the obligations of my position ————————————————————————————————————	(City) ce: tered agent and to accept service of process teret the appointment as registered agent and tutes relative to the proper and complete per as registered agent. (Registered agent's sign y and address of the person(s) who has/have	, Florida _ s for the above sta nd agree to act in t rformance of my ((Zip code) ted corporation at his capacity. I fundament	25 the pla	ce designated ree to comply
laving been named as regist his application, I hereby accepte the provisions of all state the obligations of my position. The name, title or capacity Andrew B.	(City) ce: tered agent and to accept service of process teret the appointment as registered agent and tutes relative to the proper and complete per as registered agent. (Registered agent's sign y and address of the person(s) who has/have	, Florida _ s for the above sta nd agree to act in t rformance of my nature) authority to mana	(Zip code) ted corporation at his capacity. I fundament	25 the pla	ce designated ree to comply
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Andrew B. Copeland
Typed or printed name of signee

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

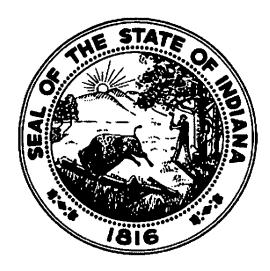
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

BRIGGS ENTERTAINMENT LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on April 24, 2015, and was in existence or authorized to transact business in the State of Indiana on July 08, 2015.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eighth Day of July, 2015.

Corne Carrie

Connie Lawson, Secretary of State

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