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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

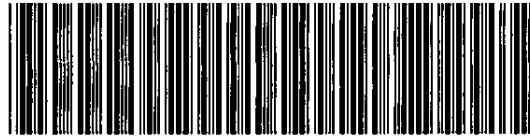
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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CWO W15-74685

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
DEC -1 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 NOV 30 PM 4:20  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

November 13, 2015

THOMAS HAYNES II  
FAIRYTALE PRODUCTIONS EVENT SERVICES LLC  
929 PLUM TREE CIR.  
MONROE, MI 48161

SUBJECT: FAIRYTALE PRODUCTIONS EVENT SERVICES LLC.  
Ref. Number: W15000074685

We have received your document for FAIRYTALE PRODUCTIONS EVENT SERVICES LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 915A00024019

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**FAIRYTALE PRODUCTIONS EVENT SERVICES LLC**

**SUBJECT:** \_\_\_\_\_  
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:

Thomas Haynes II

\_\_\_\_\_  
Name of Person

Fairytale Productions Event Services LLC

\_\_\_\_\_  
Firm/Company

929 Plum Tree Cir.

\_\_\_\_\_  
Address

Monroe, MI 48161

\_\_\_\_\_  
City/State and Zip Code

thaynes@fairytaleproductions.net

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

For further information concerning this matter, please call:

Thomas Haynes II

734

790-7855

at ( )

\_\_\_\_\_  
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

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:

FAIRYTALE PRODUCTIONS EVENT SERVICES LLC.

1. \_\_\_\_\_  
(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. Michigan \_\_\_\_\_ 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. \_\_\_\_\_  
7031 Orchard Lake Rd. STE 206 West Bloomfield, MI 48322  
(Street Address of Principal Office)

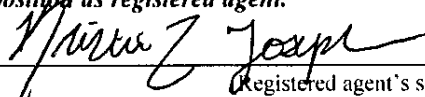
6. \_\_\_\_\_  
929 Plum Tree Cir. Monroe, MI 48161  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Kristin Joseph  
Office Address: 10039 CEDAR DUNE DR  
TAMPA, Florida 33624  
(City) (Zip code)

Registered agent's acceptance:

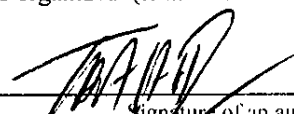
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

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

Thomas A. Haynes II, Owner, 929 Plum Tree Cir. Monroe, MI 48161A

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

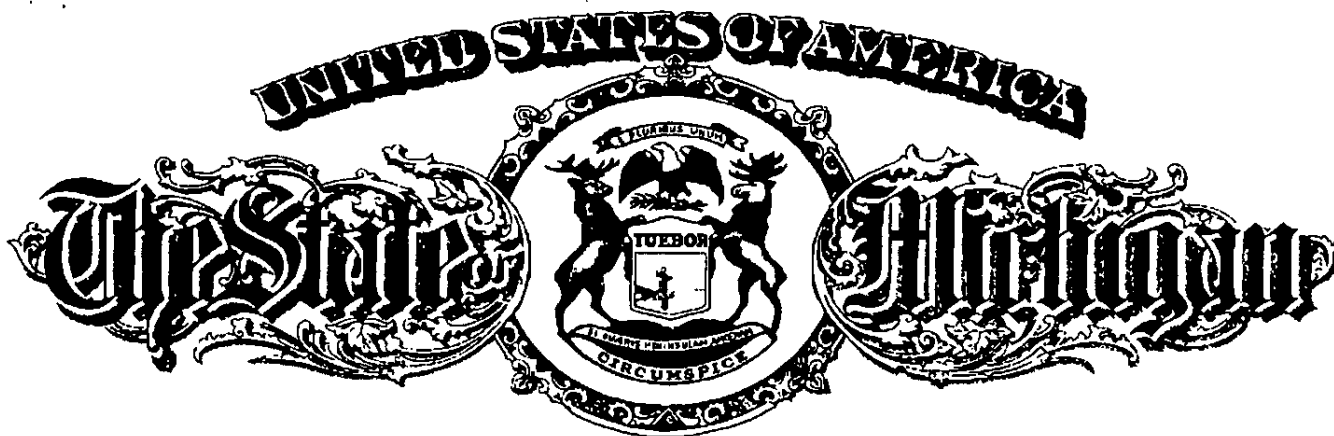
  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Thomas A. Haynes II

Typed or printed name of signee

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2015 NOV 30 PM 3:42  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



**Department of Licensing and Regulatory Affairs**

**Lansing, Michigan**

*This is to Certify That*

**FAIRYTALE PRODUCTIONS EVENT SERVICES LLC**

was validly organized on August 31, 2015 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

*This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 24th day of November, 2015*

*Julia Dale*

Julia Dale, Acting Director  
Corporations, Securities & Commercial Licensing Bureau

FILED  
2015 NOV 30 PM 3:42  
CLERK OF STATE  
TALLAHASSEE, FLORIDA