M1500010349

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



700280348107

12/28/15--01033--013 **125.00

15 DEC 28 PH 4: 11

DEC 3 0 2015 Y SULKER





December 21st, 2015

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

I, Heather Taylor, Owner and Casting Director of Casting TaylorMade an Atlanta, Georgia based Limited Liability Company wish to Transact Business in my Home State of Florida.

Attached are the following:

- Application to Transact Business
- Certificate of Existence
- Check to Cover Fee's = \$125.00

If any additional information is needed, please feel free to reach out to me via:

EMAIL: castingtaylormade@gmail.com

PHONE: 305,951,8291

Looking forward to being a part of the Florida Market. Thank you so much for all of your time and efforts!

Best, Heather Taylor Owner / Casting Director Casting™

COVER LETTER

TO: Registration Section Division of Corporation	os .		
SUBJECT: COSTIC	O Taylo	Cimited Liability Company	LLC.
The enclosed "Application by For Existence, and check are submitted	eign Limited Liability Comp d to register the above refere	pany for Authorization to Trenced foreign limited liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all correspondence c	oncerning this matter to the	following:	
Heat	her Tayl	ame of Person	
<u>Cas</u> !	ting Tal	MCompany	2 U.C.
1080	w Peachtr	EE Street	- NW AP+#1806
44	-lanta, GF	tate and Zip Code	9
_Casti	E-mail address: (to be used	nade @an d for future annual report no	Cail. Com
For further information concerning	g this matter, please call:		
HOOHNE(Name o	Taylor f Contact Person	at (<u>305</u>) <u>95</u> Area Code Day	1-8291 vtime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton E 2661 Exc	of Corporations tion Section Building ecutive Center Circle see, FL 32301
Enclosed is a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigsize \text{\$\text{\$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: (Name of Poreign 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.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Florida 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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am miliar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 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.

yped or printed name of signee

Control Number: 15010944

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Casting TaylorMade LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 12243903 : 01/26/2015 : Georgia : 12/21/2015



Brian P. Kemp Secretary of State