

MI6000007268

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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SEP 13 2016 P 3:55
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TALLAHASSEE, FLORIDA

S Warren

SEP 13 2016

MI6-61557



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2016

ANDY MCFADDEN
475 N 5TH STREET, 2A
PHILA, PA 19123

SUBJECT: LARRY MAGID ENTERTAINMENT GROUP, LLC
Ref. Number: W16000061557

We have received your document for LARRY MAGID ENTERTAINMENT GROUP, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 616A00018994

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LARRY MAGID ENTERTAINMENT GROUP, 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:

ANDY McFadden

Name of Person

LARRY MAGID ENTERTAINMENT GROUP, LLC

Firm/Company

475 W 5th street, 2A

Address

Phila PA 19123

City/State and Zip Code

akmcf@me.com

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

For further information concerning this matter, please call:

andy mcfadden

Name of Contact Person

at (215) 238 0100

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

August 30, 2016

To Whom it May Concern,

Attached please find our "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida", along with our check for \$130.00 and Certification to do business in Pennsylvania, where our company was formed and has offices.

Please feel free to contact me if you have any questions or problems.

Andrea McFadden
akmcf@me.com
215-238-0100

Andy

Thank you!

also,

*your phone service was very helpful in
finding and filling out the forms -*

Thank you very much.

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:

1. LARRY MAGID ENTERTAINMENT GROUP, 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. Pennsylvania 3. 169-34-0897
(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. 475 N 5th street, SUITE 2A
Phila, Pa, 19123
(Street Address of Principal Office)

6. 475 N 5th street, SUITE 2A
Phila Pa 19123
(Mailing Address)

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

Name: ADAM SPIVAK, OWNER / ELECTRIC FACTORY name and title of person
Office Address: 996 Pelican Lane
Gulf Stream, Florida, Florida 33483
(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:

OWNER: Larry Magid 425 N 5th st 2A Phila PA 19123 SUITE 710
ACC: SCOTT PARSKY RMS McGLADREY LLP 30 SOUTH 17th st Phila PA 19103
EX: ANDREA McFadden 425 N 5th st 2A Phila PA 19123

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.

Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

08/26/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Larry Magid Entertainment Group, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC160826140950-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>