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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Golden Triangle Sho	ow Florida, LLC						
SUBJECT.		Name of Limited Liability Company						
The enclosed Existence, an	d "Application by For and check are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza nced foreign limit	tion to Trai ed liability	nsact Business in Florida," C company to transact busines	ertificate of ss in Florida		
Please return	all correspondence c	oncerning this matter to the	following:					
	Bobby Siddiqui							
	Name of Person							
	Golden Triangle Show Florida, LLC							
	Firm/Company							
	3760 Newport Bay Drive							
Address								
	Alpharetta, GA 30005							
	City/State and Zip Code							
	bobby@gtshows							
		E-mail address: (to be used	for future annual	report noti	fication)			
For further in	nformation concerning	g this matter, please call:						
Во	bby Siddiqui		770 _ at (410-977				
	Name o	f Contact Person	Area Code	Day	time 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		of Corporations on Section uilding cutive Center Circle				
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cer 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: Golden Triangle Show Florida, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") it 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.") Georgia (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 03/01/2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3760 Newport Bay Dr Alpharetta, GA 3005 (Street Address of Principal Office) Same (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Wolfe Financial Group Name: 1515 International Pkwy Stc. 1001 Office Address: Lake Mary , Florida 32746 (City) Registered agent's acceptance: laving 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 o complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and evept the obligations of my position as registered ogent. (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Bey, Alphachte 64 Jans Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath the translator must be submitted) Signature of an authorized person his document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information ubmitted 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 signee

Shahid Siddiqui

Control Number: 17025449

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

GOLDEN TRIANGLE SHOW FLORIDA-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

: 03/01/2017 : Georgia : 03/09/2017 : 211

: 14178637





Brian P. Kemp Secretary of State