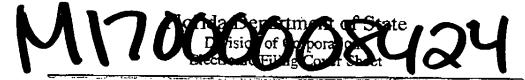
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Pivision of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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Foreign Limited Liability Company Eastwynn Theatres, LLC

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Affidavit

EASTWYNN THEATRES, INC. a Florida profit corporation (F95000004317) withdrew on or about 9/26/2017, hereby states and affirms it has no intention of revoking the dissolution and releases use of the corporate name for use by another entity.

EASTWYNN THEATRES, INC.

Ву:__

Print Name: Kristen Espinales Print Title: Special Secretary

Date: _09/26/2017

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Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107

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:

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| s 11500 ASH ST | feet section and other and district And End and dist | | |
| (Stress Address of Principal Office) | | 6. 11500 ASH ST | Address) |
| LEAWOOD, KS 662 | 11-7804 | LEAWOOD, KS 6621 | 1-7804 |
| | | | -· N |
| 7. Name and street addre | ss of Florida registered agent: (P.O. B | Box NOT acceptable) | , bill |
| Name: | Corporate Creations Network Inc. | | # : 8 |
| Office Address: | 11380 Prosperity Parms Road #221 | E | · • • • • • • • • • • • • • • • • • |
| | Palm Beach Gardens | m | , ro |
| Registered agent's accep | (0)6) | , Florida 33410 | p codo) |
| - 10 сотрау жил те ргочи | s of my position to registered agent. | per and complete performance of | _ |
| to compty wan the provis and accept the obligation | s of my position to registered agent. | Kristen Espinales, Special Section of the description of the section of the secti | my duties, and I am familial with cretary |
| and accept the obligation B. The name, title or cape | acity and address of the person(s) who | (risten Espinales, Special Section disputes) blas/have authority to manage is/as Title or Capacity: | my duties, and I am familial with |
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| B. The name, title or cape. Title or Capacity: Manager (Use attachments if neces | acity and address of the person(s) who Name and Address: Craig R. Romse. Leanned L. Leigh. Dhn D. M. Dood 1500 Ash St. Leanned L. Leigh. Lea | (risten Espinates, Special Section of dispusary) has/have authority to manage is/an interest or Capacity: | Name and Address: Kevin M. Connor 11500 Ash st Leawood, K. Colored I |
| B. The name, title or cape. Title or Capacity: Manager (Use strachments if neces 9. Attached is a certificate | acity and address of the person(s) who Name and Address: Croing R. Romse. 11500 ASIN St. 11 | States Espinates, Special Section of the disperse of the control o | ny duties, and I am familial with cretary TO: Name and Address: KCVIN M Connot 11500 ASh St Leawood, KS Least I |
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John H. Merrill Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Eastwynn Theatres, LLC was formed in Montgomery County, Alabama on August 7, 1995. The Alabama Entity Identification number for this entity is 173-748. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

09/27/2017

Date

J. H. Merill

John H. Merrill

Secretary of State