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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name))
(De	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	
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MAR 1 3 2013 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 110908 8084630

AUTHORIZATION

COST LIMIT

ORDER DATE: March 9, 2018

ORDER TIME : 4:22 PM

ORDER NO. : 110908-005

CUSTOMER NO: 8084630

FOREIGN FILINGS

NAME:

FAMILY ENTERTAINMENT GROUP,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

TO: Regis Divisi	tration Section ion of Corporations
SUBJECT: _	FEG DE, LLC / FILITUM ENTERTHIN LIENT GROWP U
The enclosed 'Existence, and	'Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return a	all correspondence concerning this matter to the following:
	MICHEUE KOHM Name of Person
	FAMILY ENTERTAINMENT GROWP, U.C.
	1265 MALIUTON PILWY
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further in	E-mail address: (to be used for future annual report notification) formation concerning this matter, please call:
۔ ىـــ	Name of Contact Person at (54) SAL USIO Area Code Daytime Telephone Number: STREET ADDRESS: Division of Corporations
Div Reg P.C	AILING ADDRESS: Vision of Corporations gistration Section D. Box 6327 Clamp 2661 Executive Center Circle 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 \$\Bigcup \$130.00 Filing Fee & Certificate of Status \$\Bigcup Certificate of Status \$\Bigcup Certificate Copy\$ \$155.00 Filing Fee & \$\Bigcup \$160.00 Filing Fee, Certificate of Status & Certified Copy\$ \$155.00 Filing Fee & \$\Bigcup \$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 SECT	ION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUS	VNEXS IN THE STATE OF FLORIDA:
1. PARIO DEL	imited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.,"
T.T. A.	$\cap \cap \cup \cap \cap$
(If more unavailable, enter alternate no	me ackinited for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or
- DELINDA	1000000000000000000000000000000000000
(Jarradiction under the law of whi	ren foreign limited liability company is organized) (FEI number, it applicable)
4 APULL 1.2	013
	(Date first transacted business in Florads, it prior to registration.) (See acctions 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 14501 912a	E RESURT AUE 6. FAMILY ENTERTHINATENT DIVOL
WINTER OF	rincipal Office)
OCHOT CIP CIT	IMSCH, IL WDIA'S
	CTI with a signature (P.O. Box. NOT acceptable)
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)
Name:	Corporation Service Company
	1201 Hays Street
Office Address:	32301
	Tallahassee , Florida 5250 (Cay) (Zip code)
Registered agent's accep	tance:
	itance: rgistered agent and to accept service of process for the above stated limited liability company at the place tion, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree the content of the content of the content worker agree of my duties, and Lum familiar with
to comply with the provis	ions of all statutes relative to the proper and complete perjulmance of my and Fmily Croft
and accept the obligation	es of my position as registered agent.
	By: Asst. Vice I testing
	(Registered agent's signature)
8. The name, title or cap <u>Title or Capacity:</u>	nacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address:
CFD THAT BEREITE	9 JIM COUNDILY
C(C	TRUCK IL GOLD
(Use attachments if nece	essary)
	for the same than 10 days old, this authenticated by the official having custody of records in the
 Attached is a certifical jurisdiction under the lay of the translator must be 	v of which it is organized. (If the certificate is in a foleign language, a characters
	to the Department of State constitutes a third degree felony as provided for in \$.817,155, F.S.
submitted in a document	to the Department of Order Contraction
	Signature of an authorized person
	Typed or printed runne if signer
	PARTE OF LEADINGS CONTRACTOR OF STATE O

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FAMILY ENTERTAINMENT GROUP, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE NINTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FAMILY ENTERTAINMENT GROUP, LLC" WAS FORMED ON THE TWELFTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5745608 8300 SR# 20181829119



Authentication: 202294130

Date: 03-09-18

You may verify this certificate online at corp.delaware.gov/authver.shtml