(Red	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer.	
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COVER LETTER

TO:

ro:	Registration Section Division of Corporation	18				
SUBJE	Entertainment Tax 2	Advisors, LLC				
30 D3 L		Name of I	Limited Liability (Company		
The enc Existen	closed "Application by Force, and check are submitte	reign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	unsact Business in Florida," C company to transact busines	ertificate of ss in Florida.
Please r	return all correspondence o	concerning this matter to the	following:			
	Kelly Fermazir	1				
		N:	ame of Person			
	Entertainment	Tax Advisors, LLC				
		Fi	rm/Company			
	1275 Barclay E	Blvd				
			Address		· · · · · · · · · · · · · · · · · · ·	
	Buffalo Grove,	11, 60089				
		City/\$	tate and Zip Code	•	· · · · · · · · · · · · · · · · · · ·	
	kelly.fermazin@					
	<u> </u>	E-mail address: (to be used	for future annual	report not	itication)	
For fun	ther information concerning	g this matter, please call:				
	Kelly Fermazin		866 at (912-17	19	
	Name (of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section suidding centive Center Circle see, FL 32301	
Enclos	ed is a check for the follow S125.00 Filing Fee	ving amount: ■ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ng Fee &	□ \$160,00 Filing Fee, Cer of Status & Certified Copy	

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

IN COMPLEME WITH SECTION (05/0802, FLORID) SEARCHEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREXTY LIMITED LEABILITY COMPANY POTRANS (CTRUSINESS IN THE STATE OF FLORIDA).

	• • •	nited Hability Company," "L.L.C.," or "H.C."	`)
une massible ener decime n	dition adopted for the purpose of transacting business in	Horseta. The aberrure mune must melade. I mused be	ability Conguers 13 L C Cog 214 - 4
Nevada		36-4343184	
(Armdiction under the law of #1	क्रके विषयुक्त विकारचे विक्रेतीक स्तावकृतक के व्यक्तकारचे।	il i i mus	there of applicables
June 1, 2018			
	Date first transacted becomes in Florida, it print (See sections 605 0201 & 605 0203 F.S. to det		
3773 Howard Hughes	Pkwy	6. 1275 Barclay Blvd	155
(Nucci Address of)		(Mailing As	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ste. 500S		Buffato Grove, II, 60089	30 7
Las Vegas, NV 89169	-6014		ا کن پیچین
Name and <u>street addres</u> Name:	is of Florida registered agent: (P.O. B InCorp Services, Inc	lox <u>NOT</u> acceptable)	MIS PH WOI
Office Address:	17888 67th Court North		P
	Loxabatchee	13470	
	11 4) 1	, Florida <u>33470</u>	wice
	of my position as registered agent.	huckie DeFilingis on	behalf of InCorn Services 4
	- fackenth	nd s (g) Charet	behalf of InCorp Services, I
, , ,	- Packendith	nd s (g) Charet	
The name, title or caps	(Regastered ages	n has/have authority to manage is/are:	
The name, title or capt Title or Capacity:	(Repaired ages neity and address of the person(s) who Name and Address:	n has/have authority to manage is/are:	
The name, title or capt Title or Capacity:	neity and address of the person(s) who Name and Address: Tyler Burgess 1275 Barelay Blvd	n has/have authority to manage is/are:	
The name, title or capt Title or Capacity:	neity and address of the person(s) who Name and Address: Tyler Burgess 1275 Barelay Blvd	n has/have authority to manage is/are:	
The name, title or cape Title or Capacity: Manager	(Regastered ages neity and address of the person(s) who Name and Address: Tyler Burgess 1275 Barelay Blvd Buffalo Grove, II 60089	n has/have authority to manage is/are:	
The name, title or cape Title or Capacity: Manager Jse attachments if neces	(Repatered ages of the person(s) who Name and Address: Tyler Burgess 1275 Barelay Blvd Buffalo Grove, II 60089	has/have authority to manage is/are: Title or Capacity:	Name and Address:
The name, title or cape Title or Capacity: Manager Ise attachments if neces Attached is a certificate risdiction under the law	Repatered ages (Repatered ages	has/have authority to manage is/are: Title or Capacity:	Name and Address:
The name, title or cape Title or Capacity: Manager Jse attachments if neces Attached is a certificate risdiction under the law the translator must be so	Repatered ages (Repatered ages	has/have authority to manage is/are: Title or Capacity: Id, duly authenticated by the official becate is in a foreign language, a translated by the official becate is in a foreign language.	Name and Address: naving custody of records in tation of the certificate under care that any false information

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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, ENTERTAINMENT TAX ADVISORS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 13, 2000, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 7, 2018.

Bouliars K. Cegerske

Barbara K, Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180607-1063