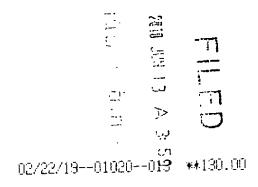
MADOCOSBH

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



800325072558



D SCOTT JUN 1 7 2019



June 1, 2019

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

> Re: Cue 2 Cue, LLC Name Conflict

Dear Dionne Scott:

In response to your letter dated April 8, 2019 regarding the name of our limited liability company not being available in the state of Florida please find our alternative name choice listed below. If any additional information is required to complete this process, please do not hesitate to contact us.

Cue 2 Cue of Florida, LLC

Regards,

LUTZ, SELIG & ZERONDA, L.L.P.



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2019

DAVID LYONS 1165 ALLGOOD RD, SUITE 4 MARIETTA, GA '30062

CUE 2 CUE OF FLORIDA LLC

SUBJECT: CUE 2 CUE, LLC Ref. Number: W19000020790

We have received your document for CUE 2 CUE, 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L18000133446.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 819A00007016

RECEIVED

ب

JUN 1 3 2019

COVER LETTER

| TO: | | tration Section ion of Corporations | ; · | | | | |
|-------------------|---------------------------|---|---|---|---|---|---------------|
| SUBJI | | Cue 2 Cue, LLC | | | | <u>.</u> | |
| | - · · - | | Name of I | Limited Liability C | Company | | |
| The en Exister | closed ' nce, and | 'Application by Fore check are submitted | ign Limited Liability Comp to register the above refere | any for Authoriza nced foreign limit | tion to Transact Business in Florie ed liability company to transact b | da," Certificat usin e ss in Flor | e of rida. |
| Please | return a | ill correspondence co | oncerning this matter to the | following: | | | |
| | | David Lyons | | | | | |
| | Name of Person | | | | | | : • |
| | | Cue 2 Cue, LLC | ; | | | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | Firm/Company | | | | | | |
| | 1165 Allgood Road, Suite4 | | | | | | ت |
| | Address | | | | | | |
| | | Marietta, GA 30 | 062 | | | , | |
| | | | City/S | tate and Zip Code | | : | |
| | | dj.lyons@cue2cu | eav.com | | | | |
| | | | E-mail address: (to be used | d for future annual | report notification) | | |
| For fu | rther inf | ormation concerning | this matter, please call: | | | | |
| | Davi | d Lyons | | 404 at (| 787-2378 | | |
| | • | Name of | Contact Person | Area Code | Daytime Telephone Numb | er | |
| | Divis Regis P.O. | LING ADDRESS: tion of Corporations stration Section Box 6327 hassee, FL 32314 | | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |
| Enclo | | check for the following 125.00 Filing Fee | ing amount: \$\B\$\$130.00 Filing Fee & Certificate of Status | S155.00 Filir 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:

| Cue 2 Cue, LLC | | | | | | |
|--|---|------------------------------------|---|---------------------|-----------------------------|-------------|
| (Name of Foreign | Limited Liability Company, must include "Li | imited Liability Com | pany," "L.L.C.," or "LLC.") | | - - | |
| CHE & CHE | ame adopted for the purpose of transacting business | in Florids. The shemste | name must include "Limited Liabi | tin Company," "L.L. | C." or "LLC ") | |
| | ame adopted for the purpose of transactivity outsiness t | | 0771120 | , uqyı | | |
| Georgia (Junsdiction under the law of w | nich foreign limited liability company is organized) | _ 3. 33. | (FEI numbe | r, if applicable) | | |
| | | • | | | | |
| 4. <u>1/1/2019</u> | (Date first transacted business in Florida, if pro | or la registration l | | - | | |
| | (See sections 605.0904 & 605.0905, F.5 to di | etermine penalty liability | •) | | _ | |
| 5. 1165 Allgood Road, S | uite 4 | 6 | (Mailing Addre | | | |
| (Street Address of I | Pracipal Office) | | (Wantild Voca | ; ; | مست ۔۔۔ | |
| Marietta, GA 30062 | | | | | 77.2 | ~ |
| | | | | | | • |
| | _ | | | | لب | |
| Name and street address | ss of Florida registered agent: (P.O. | Box NOT accep | table) | , | > | |
| Name: | Anthony M. Fabrizio, III | | _ | | رب | |
| | 20 Calliandale Count | | | • | - 45 | |
| Office Address: | 30 Collingdale Court | | | ı | | |
| | Palm Coast | | , Florida <u>32137</u> | | 1 | |
| Registered agent's accep | (City) | | (Zip code | | : | |
| | / | heur, e eikuarme) | | | | |
| 8. The name, title or cap <u>Title or Capacity:</u> | acity and address of the person(s) wh <u>Name and Address:</u> | 1 itle o | or Capacity: | Name and A | Address: | |
| | David Lyons | <i>Free</i> | Member | | | |
| | 810 Weeping Willow Drive | <u>c</u> | 1 | | | |
| | Powder Springs, GA 3012 | | , 1 | | | |
| | Anthony M. Fabrizio, III | VPI | Member | | | |
| | 30 Collingdale Court | _ ~ | <u> </u> | | | |
| | Palm Coast, FL 32137 | | | | | |
| (Use attachments if nece | ssary) | | | | | |
| 9. Attached is a certificat jurisdiction under the law | e of existence, no more than 90 days | old, duly authen | ticated by the official ha | iving custody o | frecords in ficate under | the oath |
| of the translator must be | of which it is organized. (If the cert submitted) | | | | | |
| of the translator must be | of which it is organized. (If the cert submitted) cuted in accordance with section 605 to the Department of State constitute. | 0203 (1) (b), Float third degree f | orida Statutes. I am awai elony as provided for in | re that any false | information | |
| of the translator must be | of which it is organized. (If the cert submitted) cuted in accordance with section 605 to the Department of State constitute. | 0203 (1) (b). Flo | orida Statutes. I am awai elony as provided for in | re that any false | information | |
| of the translator must be | of which it is organized. (If the cert submitted) cuted in accordance with section 605 to the Department of State constitute. | 0203 (1) (b), Float third degree f | orida Statutes. I am awai elony as provided for in | re that any false | information | |

Control Number: 18074320

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, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Cue 2 Cue LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in peorgia 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 : 17079719
Date Inc/Auth/Filed: 05/16/2018
Jurisdiction : Georgia
Print Date : 03/31/2019

Form Number : 211



Bred Raffensperger

Brad Raffensperger Secretary of State