

W119000007043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

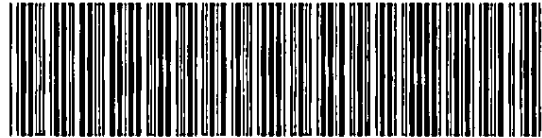
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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W1190000073321

Office Use Only



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AUG 22 2019

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8/13/19

To whom it may concern,

I recently completed a foreign LLC application. The filing was rejected due to similarity in LLC naming. I called into the office and was instructed to re-file another application listing an alternative name. I was told no further payment would be required.

Please see following documentation on subsequent pages:

Document #: W19000073321

Original Name : The Entertainers, LLC

Alternative Name: American Troubadours LLC

FILED
2019 AUG 19 PM 4:29
TALLAHASSEE, FLORIDA

RECEIVED

AUG 19 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Entertainers, LLC (Alternate Name = American Troubadours LLC)
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

William Brodie Adams
Name of Person

5850 Tamla River Dr
Address

Venice, FL 34293
City/State and Zip Code

Will. Adams. UoFL@gmail.com
E-mail address: (to be used for future annual report notification)

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2019 AUG 19 PM 4:29
SEC. OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

William Brodie Adams at (502) 396-1299
Name of Contact Person Area Code Daytime 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

* Already paid (re-file)

**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:

1. The Entertainers, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

American Troubadours, LLC
(If 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.")

2. Texas
(Jurisdiction under the law of which foreign limited liability company is organized)

3. EIN # 38-4124449
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5850 Jamila River Dr
(Street Address of Principal Office)

6. 5850 Jamila River Dr
(Mailing Address)

Venice, FL 34293

Venice, FL 34293

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: William Brodie Adams

Office Address: 5850 Jamila River Dr

Venice, FL 34293 . Florida 34293
(City) (Zip code)

Registered agent's acceptance:

Having 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 to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

2019 AUG 19 PM 4:29
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: William Brodie Adams

☐ Member Address: _____

☐ Authorized 5850 Samira River Dr

Person Venice, FL 34293

☐ Other _____ ☐ Other _____

☒ Manager Name: Flavia Tamsin Miracle

☐ Member Address: _____

☐ Authorized 177 West Edith Ave

Person Los Altos, CA 94022

☐ Other _____ ☐ Other _____

☒ Manager Name: Joey Wayne Miracle

☐ Member Address: _____

☐ Authorized 105 E. Bonita St #4

Person Payson, AZ 85541

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Trea Beesony

☐ Member Address: _____

☐ Authorized 660 Gulf Bay Rd #3

Person Long Boat Key, FL 34228

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

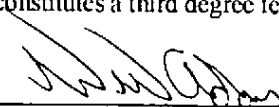
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

William Brodie Adams

Typed or printed name of signee

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for The Entertainers, LLC (file number 803362789), a Domestic Limited Liability Company (LLC), was filed in this office on July 09, 2019.

It is further certified that the entity status in Texas is in existence.

2019 AUG 19 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 14, 2019.



A handwritten signature in black ink, consisting of a stylized 'J' and 'E' followed by a long horizontal line.

Jose A. Esparza
Deputy Secretary of State