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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

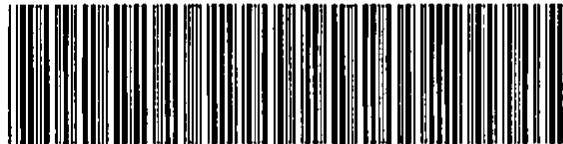
(Business Entity Name)

(Document Number)

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SECRET
TALLAHASSEE, FLORIDA

T. LEMIEUX

JAN 14 2020

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Paprazzi Magic Photo Booths LLC

Name of Limited Liability Company

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:

Devon Bascombe

Name of Person

Paparazzi Magic Photo Booths LLC

Firm/Company

2311 Sanderling St.

Address

Haines City, FL 33844

City/State and Zip Code

devon@papmagic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Devon Bascombe

305

340-8217

at ()

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

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

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:

Paparazzi Magic Photo Booths LLC

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

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."

Mississippi, United States

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

3.

(FEI number, if applicable)

N/A

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0902, F.S. to determine penalty liability)

622 Greenfield Ridge Dr. East

(Street Address of Principal Office)

2311 Sanderling St.

6.

(Mailing Address)

Brandon, MS 39042

Haines City, FL 33844

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

Name:

Devon Bascombe

Office Address:

2311 Sanderling St.

Haines City

(City)

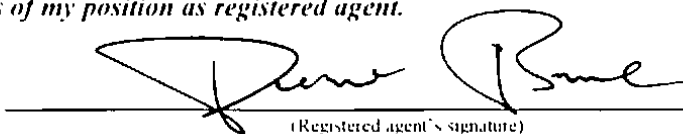
, Florida

33844

(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
signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with
d accept the obligations of my position as registered agent.



(Registered agent's signature)

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2019 DEC 16 PM 3:48
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

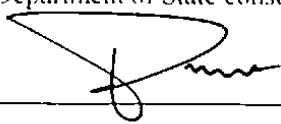
For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to page [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	Name: Devon Bascombe	<input type="checkbox"/> Manager	Name: _____
Member	Address: 2311 Sanderling St.	<input type="checkbox"/> Member	Address: _____
Authorized	Haines City, FL 33844	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other ^{Owner}	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

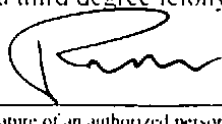
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 by the translator must be submitted)

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



Signature of an authorized person

Devon Bascombe

Typed or printed name of signee



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

PAPARAZZI MAGIC PHOTO BOOTHS LLC

Registered the 4th day of November, 2018

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

622 Greenfield Ridge Drive East
Brandon, MS 39042

And that the registered agent at that address is:

Devon Bascombe

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 2nd day of December, 2019

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN19074353

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>