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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2016

CLARITZA VARGAS 6326 SUMMERDALE AVE PHILADELPHIA, PA 19111

SUBJECT: THE COMPANY PRODUCTIONS, LLC

Ref. Number: W16000013733

We have received your document for THE COMPANY PRODUCTIONS, LLC and your check(s) totaling \$125.00. 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.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 516A00003810

COVER LETTER

TO:

TO:	Registration Section Division of Corporations						
SUBJI	The Company Productions, LLC ECT:						
		Limited Liability C	ompany				
	nclosed "Application by Foreign Limited Liability Compence, and check are submitted to register the above refere						
Please	return all correspondence concerning this matter to the	following:					
	Claritza Vargas						
	Na	ame of Person					
	The Company Productions, LLC			- Tillian			
	Fi	rm/Company					
	6326 Summerdale Ave						
Address							
	Philadelphia, PA 19111						
	City/Sr	tate and Zip Code					
	Romero9854@hotmail.com						
	E-mail address: (to be used	d for future annual i	report no	tification)			
For fur	rther information concerning this matter, please call:						
	Claritza Vargas	267 at (978-06	48			
	Name of Contact Person	Area Code	Day	ytime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton E 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301			
Enclos	sed is a check for the following amount: \$\Boxed{125.00} \\$125.00 \text{ Filing Fee } \Boxed{130.00} \\$130.00 \text{ Filing Fee } \& \text{Certificate of Status}\$	□ \$155.00 Filing Certified Copy	g Fee &	☐ \$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 SECTION 605.0902, FLORIDA STATUTES, THE FOI LOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

W. J	ons, LLC		
		e "Limited Liability Company," "L.L.C.," or "LL	.C.'")
The Company Production		sacting business in Florida. The alternate name m	oust include "Limited
Liability Company," "L.L.C,"		meting dualities in Friday, The attended metion	Mast merade Emilied
2. Pennsylvania	3.	(FEI number, if applicable)	
company is organized)	of which foreign limited liability	(PEI namber, it applicable)	
4.	(Date first transacted business in Flo	ride (forming to vanishington)	
	(See sections 605.0904 & 605.0905, F.	S. to determine penalty liability)	
5. 6326 Summerdale Ave			
Philadelphia PA 19111			
	(Street Address of Principal	Office)	
6. 6326 Summerdale Ave			
Philadelphia PA 19111			
	(Mailing Address)		
7 Name and street address	s of Florida registered agent: (P.O. Box	NOT_acceptable)	
Name:	Daneury Vargas		
Office Address:	3761 Prairie Fox Lane Apt 3		≥ 1 5
3	Orlando	, Florida 32812	1 was a supplement of the supp
	(City)	, Idorida (Zip code)	
designated in this applica	gistered agent and to accept service of p tion, I h <mark>ere</mark> py accept the appointment a	process for the above stated limited liability s registered agent and agree to act in this c and complete performance of my duties, ar	apacity. I further agre
	ny position as registered agent. (Registered age	nt's signaturo)	्रेड जिल्ला जिला जिला जिला जिला जिला जिला जिला जि
accept the obligations of i	ny posittun as registered agent. (Registered age		ده
8. The name, title or capa	ny position as registered ugent	s/have authority to manage is/are;	ده
8. The name, title or capa Claritza Vargas - Owner -	(Registered age	is/have authority to manage is/are:	ده

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 02/16/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

The Company Productions LLC.

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC160216110314-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx