<u>4900012102</u>

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



100337302911

11/25/19--0:546--026 **125.00

7019 ET 17 25 TH 3: 34

T GLASS DEC 23 2019 Date: 11/18/2019

To: Division of Corporations Registration Section

Re: Registration of a Foreign Limited Liability Company to Transact business in Florida

To Whom It May Concern:

Enclosed is the certificate of status for Vanline Productions LLC, an Ohio LLC, that wishes to conduct business in the state of Florida starting on 2/6/2020. The application to register Vanline Productions LLC as a foreign LLC in the state of Florida is attached as well as a check for the \$125 filing fee.

Thank you.

Patrick Cline Co-Owner Vanline Productions LLC

COVER LETTER

| TO: | Registration Section |
|-----|-------------------------|
| | Division of Corporation |

| SUBJECT: | Vanline Productions 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:

| • • | atrick C | Cline | | | |
|------------------|-----------------|---------------------------|---------------------|---------------------------------------|---------------|
| | | N | lame of Person | | _ |
| V | anline l | Productions | s LLC | | |
| | | F | fimt/Company | | |
| 10 | 008A V | 'illa Place | | | |
| - ··· | | | Address | | _ |
| Ν | ashville | e TN 37212 | <u> </u> | | |
| | | . City/S | State and Zip Cod | e | _ |
| рс | @vanli | ineco.com | | | |
| - | Ë | -mail address: (to be use | ed for future annua | al report notification) | _ |
| ther informatio | n concerning th | his matter, please call: | | | 29 |
| Cody | Puccet | tti | _{at} 614 | ⁵⁶¹³⁵¹⁹ | 201917 |
| | Name of C | Contact Person | Area Code | e Daytime Telephone Number | (N) |
| 24477 | ADDRESS: | | | STREET ADDRESS: | . 9 |
| | | | | Division of Corporations | |
| Division of C | | | | Registration Section | $\dot{\odot}$ |
| | Section | | | Registration Section Clifton Building | ္သ |

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMINED LABILITY COMPANY TO TRANSACT BUNINESS IN THE STATE OF FLORIDAL Vanline Productions LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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 "L.L.C.") State of Ohio (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability.) 5. 1501 Perry Street
(Street Address of Principal Office) Nashville TN 37212 Columbus OH 43201 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg

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)

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: Patrick Cline Name: Cody Puccetti Manager Manager Address: 1501 Perry St Address: 1008A Villa Place Member Member Columbus OH 43201 Nashville TN 37212 Authorized Authorized Person Person Other____ Other____ Other____ Other_____ Manager | Name: Manager Address: ____ Address: _____ Member | ☐ Member Authorized Authorized Person Person Other____ Other____ Manager | Manager | Name: _____ Member Address: Member Address: ☐ Authorized Authorized Person Person Other__ Other___ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 \$,817,155, F.S.

Typed or printed name of signer

Patrick Cline

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show VANLINE PRODUCTIONS, LLC, an Ohio Limited Liability Company, Registration Number 1712976, was organized within the State of Ohio on July 11, 2007, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of November, A.D. 2019.

Fred Johne

Ohio Secretary of State

Validation Number: 201932304000