Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.\*\*

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION FIREBRAND LIVE, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

|  | COVER LETTER   |
|--|--|
| TO: New Filing Sec   |  |
| Division of Cor  | ·  |
| SUBJECT: FIREBRA   | AND LIVE, INC.   |
|  | Name of corporation - must include suffix  |
| Dear Sir or Madam:   |  |
| "Certificate of Existence  | tion by Foreign Corporation for Authorization to Transact Business in Florida," ce," or "Certificate of Good Standing" and check are submitted to register the gn corporation to transact business in Florida. |
| Please return all corresp  | pondence concerning this matter to the following:  |
|  | RANDI BORDER   |
|  | Name of Person   |
|  | FIREBRAND LIVE, INC.   |
|  | Firm/Company   |
| •  | 2113 W. Sunset Blvd, #3  |
| NCW 1 20   | Address  |
| •  | Los Angeles, CA 90026  |
|  | City/State and Zip code  |
|  | randi@firebrandlive.com  |
|  | E-mail address: (to be used for future annual report notification)   |
| For further information  | concerning this matter, please call:   |
| knae 4 – II. – i   |  |
| Randi Border   | at (213 34 375-7683  |
| Name of Perso  | on Area Code & Daytime Telephone Number  |
|  |  |
| New Filing Sec<br>Division of Cor<br>Clifton Buildin<br>2661 Executive | rporations Division of Corporations  P.O. Box 6327   |
| Tallahassec, FL  |  |
| Enclosed is a check for  | the following amount:  |
| ·  | ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  |

.018 - 05/16/2013 Wolkers Kinwer Ordica

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

|  | prporation; must include "INCORPORATE<br>sp, " "Inc," "Co," or "Corp.")  | D," "COMPANY," "CORPORATION,"                      | <del></del>                  | •                   |  |
|--|--|--|------------------------------|---------------------|--|
| •  | •  | ne adopted for the purpose of transacting business | in Plorida)                  | -                   |  |
| 2. CALIFORNIA  |  | 3  |                              | _                   |  |
| •  | inder the law of which it is incorporated)   | (FEI number, if applicable)                        |                              |                     |  |
| 4. <u>5/3/2012</u>   |  | S. PERPETUAL                                       | •                            |                     |  |
|  | of incorporation)  | (Duration: Year corp. will cease to exist or "     | perpetual")                  | -<br>               |  |
| <b>i.</b>  |  | •  |                              |                     |  |
|  | (Date first transacted business  | s.h,Florida, if prior to registration)             |                              | •                   |  |
| ,,,,   | (Date first transacted business<br>(SEE SECTIONS 607.1501 & 607  | 1502, F.S., to determine penalty liability)        |                              |                     |  |
| , 2113 W. Sunset E   | Blvd, #3, Los Angeles, CA 90026  |  |                              |                     |  |
|  | (Principal office a  | ddress)  | <del></del>                  | -                   |  |
| same as above  |  |  |                              |                     |  |
| •——  | (Current mailing a   | ddress)  |                              | • .                 |  |
|  | (  |  |                              |                     |  |
|  |  |  | 700                          |                     |  |
| e selling merchand   | lise for temporary exhibition  |  | Z                            | 1                   | 4.5  |
|  |  | country to be carried out in state of Florida)     | A C                          | 14 JA               | 1.5  |
| (Purpose(s)  | of corporation authorized in home state or   | country to be carried out in state of Plorida)     | ALL ALL                      | 1 Hall 41           | s.cr<br>cer  |
| (Purpose(s)  |  |  | ALL MASSE                    | 14 JAN 17           | i de la companya de l |
| Purpose(s) 9. Name and stree   | of corporation authorized in home state or   |  | ALLAHASSEE.                  | 14 JAH 17 PH        | ki.  |
| o. (Purpose(s)   | of corporation authorized in home state or taddress of Florida registered agent: ( CT Corporation System   |  | ALLAHASSEE FL                | 14 JAN IT PHE       | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| 9. Name and siree Name:  | of corporation authorized in home state or<br>t address of Florida registered agent: (   |  | ALLAHASSEE FLBA              | 14-JAN 17 PH 12: 1  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| Purpose(s)  9. Name and stree  Name:  Office Address:  | of corporation authorized in home state or t address of Florida registered agent: ( C T Corporation System  1200 South Pine Island Road  Plantation  | P.O. Box <u>NOT</u> acceptable)                    | FALLAHASSEE FLEXIBA          | 14 JAN 17 PH 12: 19 | CONTROL OF THE PARTY OF THE PAR |
| 9. Name and siree Name:  | of corporation authorized in home state or t address of Florida registered agent: ( C T Corporation System  1200 South Pine Island Road  Plantation  | P.O. Box <u>NOT</u> acceptable), Florida           | FALLAHASSEE FLERIDA          | ( <u>)</u>          | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| 9. Name and stree  Name:  Office Address:  | of corporation authorized in home state or t address of Florida registered agent: ( C T Corporation System  1200 South Pine Island Road  Plantation (City)   | P.O. Box <u>NOT</u> acceptable)                    | FALLAHASSEE, FLBRIDA         | ( <u>)</u>          | The second   |
| 9. Name and stree  Name:  Office Address:  | of corporation authorized in home state or t address of Florida registered agent: ( C T Corporation System  1200 South Pine Island Road  Plantation (City)   | P.O. Box NOT acceptable) , Florida                 | FALLAHASSEE FLERIDA          | ( <u>)</u>          | 1  |
| Purpose(s)  9. Name and stree  Name:  Office Address:  | of corporation authorized in home state or t address of Florida registered agent: ( CT Corporation System  1200 South Pine Island Road  Plantation  (City)  cent's acceptance: ad as registered agent and to accept see  | P.O. Box NOT acceptable) , Florida                 | allon at the                 | P. G                | ke v   |
| Purpose(s)  9. Name and stree  Name:  Office Address:  10. Registered ag  Having been name  designated in this                     | of corporation authorized in home state or t address of Florida registered agent: ( CT Corporation System  1200 South Pine Island Road  Plantation  (City)  cent's acceptance: ad as registered agent and to accept see application, I hereby accept the appoint   | P.O. Box NOT acceptable) , Florida                 | ation at the<br>In this capa | place               | le l   |
| Purpose(s)  9. Name and stree  Name:  Office Address:  10 Registered ag  Having been name  designated in this  further agree to co | of corporation authorized in home state or t address of Florida registered agent: ( CT Corporation System  1200 South Pine Island Road  Plantation  (City)  cent's acceptance: ed as registered agent and to accept see application, I hereby accept the appointment with the provisions of all statutes   | P.O. Box NOT acceptable) , Florida                 | ation at the<br>In this capa | place               | le l   |
| 8. (Purpose(s) 9. Name and stree Name: Office Address: 10 Registered ag Having been name designated in this further agree to co    | of corporation authorized in home state or t address of Florida registered agent: ( CT Corporation System  1200 South Pine Island Road  Plantation  (City)  cent's acceptance: ad as registered agent and to accept see application, I hereby accept the appoint   | P.O. Box NOT acceptable) , Florida                 | ation at the<br>In this capa | place               | Property of the state of the st |
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the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

.019 - 05/16/2013 Welton Klover Outline

under the law of which it is incorporated.

| A. DIRE      | CCTORS                                 |   |                                       |
|--------------|--|---|---------------------------------------|
| Chairman:    | · • ,                                  |   |                                       |
| Address:     | 10000000000000000000000000000000000000 |   |                                       |
| Acuress; _   |  | 1. M 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.   |                                       |
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| Director:    | Tribye 3                               | · · · · · · · · · · · · · · · · · · ·   |                                       |
| Address: _   | ···-                                   |   |                                       |
|              |  | · .   |                                       |
| Director:    |  |   |                                       |
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| Address: _   | 1 + 1 M                                |   |                                       |
| B. OFFI      | OPDC -                                 |   | J = 1                                 |
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| Address:     |  |   |                                       |
|              |  |   | Om O                                  |
| Vice Presid  | dent:                                  |   |                                       |
| Address: _   | ·                                      |   |                                       |
| •            | <del></del>                            | ·   | ·                                     |
| Secretary:   | JEFFREY SPELLMEYER                     |   |                                       |
| Address:     | 1328 19 <b>TH</b> ST. #A, SANTA M      | ONICA, CA 90404   |                                       |
| ·Treasurer:  |  |   |                                       |
| Address:     |  |   |                                       |
| Addition _   |  | Carrier of the Comment of the Carrier of the Carrie    | The Control of the Control            |
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| tha vificent | or directors in the cooling            | Sighinure of Director or Office;<br>The devotes Liverinus directivit of the long and the Collection of th | is that the thors stated hereld       |
| CONTRACT BY  | andow as provided for his              | iono va   |                                       |

1 13 1

## State of California Secretary of State -

CERTIFICATE OF STATUS

ENTITY NAME:

FIREBRAND LIVE, INC.

FILE NUMBER: FORMATION DATE:

TYPE: JURISDICTION:

STATUS:

C3466688

05/02/2012

DOMESTIC CORPORATION

CALIFORNIA

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 16, 2014.

> **DEBRA BOWEN** Secretary of State