F16000005026

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone	; #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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11/08/16--01024--003 **70.00



D. SCOTT

COVER LETTER

TO: Registration Se Division of Co					
	Sound Productions, I	Inc.			
SUBJECT:	Nama	Camanatian	and in all to autic		
	Name o	1 corporation	- must include suffix		
Dear Sir or Madam:					
The enclosed "Applica "Certificate of Existent above referenced foreign	ce," or "Certificate	of Good Stan	ding" and check are sul		
Please return all corres Ross Akselrad	pondence concerni	ng this matter	to the following:		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Name of F	Person		
Platinum Sound Producti	ons, Inc.				
43 Steamwhistle Drive	,	Firm/Comp	oany		
Ivyland, PA 18974		Addre	SS		
ross@pulseyourparty.con		City/State an	·	,	SECTION OF
	E-mail address:	(to be used for	or future annual report	notification)	021 F
For further information	concerning this ma	atter, please ca	all:		Om of
Ross Akselrad		215	354-1060		
Name of Perso		Area Code	_) Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		:	Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for	the following amou	unt:			
■ \$70.00 Filing Fee	☐ \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 F Certific Certifie	ate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	ration; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"	
те., те., теогр,	" "Inc," "Co," or "Corp.")		
Pennsylvania		20-2239000	nsiness in Florida)
(State or country under the law of which it is incorporated) 12/29/2004		(FBI number, if applicable)	
(Date of in None yet. Planning to	5	(Date of duration, if other than	n perpetual)
43 Steamwhistle Drive	(Principa		
	(Current mailing	address, if different)	FI FI
	dress of Florida registered agent: (P.O. evin Kaiser	Box NOT acceptable)	-8 PM
_	3650 Lake Vining Drive, Apt. 2107		PN 1: 54 OF STATE E. FLORIDA
Oı 	·lando	32821-6206 , Florida	
	(City)	(Zip code)	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

11. Name	s and business addresses of officers and/or directors;	
A. DIRE	CTORS	
Chairman:		
Address: _		
Vice Chairi	nan:	
, radi ess		
– B. OFFIC	CERS	
	Ross Akselrad	TALL
1	0 Cherokee Drive, Richboro PA 18974	E S T
Adaress: _		8 T
_	Kevin Kaiser	7 2 U
. 1	ent: 3650 Lake Vining Drive, Apt. 2107, Orlando FL 32821-6206	OKIDA T. 15 t
Address: _		<u> </u>
<u></u>		
Address: _		
Treasurer:		
Address: _		
NOTE: If	necessary, you may attach an addendum to the application listing additional office	rs and/or directors.
12	Signature of Director or Officer	
The office are true an	r or director signing this document (and who is listed in number 11 above) affirms to that he or she is aware that false information submitted in a document to the Departure felony as provided for in s.817.155, F.S.	
13,		
	(Typed or printed name and capacity of person signing application)	

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 10/27/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PLATINUM SOUND PRODUCTIONS, INC.

is duly registered as a Pennsylvania Business Corporation 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.

16 NOV -8 PM 1: SECREIARY OF STA



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: TSC161027161623-1

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