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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

\*\*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 PAM ANN Productions, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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## **COVER LETTER**

	ation Section n of Corporations
	·
SUBJECT: _	PAM ANN Productions, Inc.  Name of corporation - must include suffix
	. Tano di di pontana in tanà in tanà and a mandra and a m
Dear Sit of Mac	dam:
"Certificate of I	Application by Foreign Corporation for Authorization to Transact Business in Florida," Existence," or "Certificate of Good Standing" and check are submitted to register the ed foreign corporation to transact business in Florida.
Please return al	l correspondence concerning this matter to the following:
Erika A. Easter	r
	Name of Person
eMinutes	
	Firm/Company
11726 San Vic	cente Blvd., Suite 480
	Address
Los Angeles, C	A 90049
2001016	City/State and Zip code  City/State and Zip code  E-mail address: (to be used for future annual report notification)
esteam@eminu	Uct com
<u> </u>	E-mail address: (to be used for future annual report notification)
For further info	
	er at (310 ) 820-1000
Erika A. Easte	er at ( 310 ) 820-1000
Name	of Person Area Code Daytime Telephone Number
Registr Divisio Clifton 2661 E	ET/COURIER ADDRESS: Action Section Registration Section On of Corporations Division of Corporations Building P.O. Box 6327 Executive Center Circle Tallahassee, FL 32314
Enclosed is a cl	heck for the following amount:
□ \$70.00 Filin	ng Fee

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

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting b	ousiness in Florida)
Delaware	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if appli	cable)
04/15/2013	5.		
(Date	of incorporation)	(Date of duration, if other tha	an perpetual)
800 Collins Ave	(Date first transacted business in E (SEE SECTIONS 607.1501 & 607.150		
		office address)	<del></del>
Missai Danah E	` ,	TOTICE ALLIESSY	201
Miami Beach, F.		address, if different)	2019 OC 1
	( = 1		C+
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	. ,
Name:	eResidentAgent, Inc.		
Mice Address:	11380 Prosperity Farms Road #221E		
ince Address:	The state of the s		: : : : : : : : : : : : : : : : : : :
	Palm Beach Gardens	, Florida <u>33410</u> (Zip code)	
	(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.

11. Nan	nes and business addresses of officers and/or directors:	
	ECTORS	
	D:	
Vice Cha	uimus:	
Address:		
Director	Caroline Reid	
	1800 Collins Ave., Apt 9D, Miami Beach, Florida 33139	<del>~~~~~~</del>
Andress.		<del></del>
Dimeter		~
Address:		<del></del>
B. OFF		
	Caroline Reid	- 3
Address:	1800 Collins Ave., Apt 9D, Miami Beach, Florida 33139	20 9
		<del></del>
Vice Presi	dent:	
Address: _		2
		= .
Secretary:	Caroline Reid	
	1800 Collins Avc., Apt 9D, Miami Beach, Florida 33139	<del>.                                    </del>
_	Caroline Reid	
		<del></del>
_	1800 Collins Ave., Apt 9D, Mianni Beach, Florida 33139	<del></del>
NOTE: 1	f necessary, you may attach an addendum to the application listing additional officers and/or direct	Offs.
2	O' AB' OT	
he office	Signature of Director or Officer r or director signing this document (and who is listed in number 11 above) affirms that the facts st	ated herein
re true an	d that he or she is aware that false information submitted in a document to the Department of Stat	e constitutes
_	roc follony as provided for in s.817.155, F.S.	
3. Caroli		<del></del>
	(Typed or printed name and capacity of person signing application)	

## Delaware The First State

Page 1

I, JEFFREY N. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELANARE, DO HEREBY CERTIFY "PAN ANN PRODUCTIONS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELANARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAM ANN
PRODUCTIONS, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF APRIL,
A.D. 2013.

AND I DO HERBBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5318876 8300 5R# 20197331686

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203706585

Date: 10-02-19