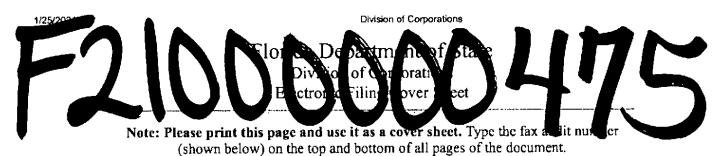
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, PLLC

Account Number : 072720000266 Phone : (941)366-4800

Fax Number

: (941)552-7141

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

Email Address:\_\_\_info@pureplatiniimparty.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Pure Platinum Party Entertainment Inc.

Certificate of Status	1
Certified Copy	1
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JAN 26 2021

M. SOLOMON

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

Pure Platinum Party Entertainment Inc.					
(Enter name of co "Inc.," "Co.," "Co	rporation; must include "INCORPORA FED," rp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	•		
If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	<del>.</del>		
New Jersey		01-0539451			
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	•		
February 19, 200	12		_		
(Date	of incorpuration)	(Date of duration, if other than perpetual)	_		
			_		
	(Date first transacted business in	a Florida, if prior to registration) 502, F.S., to determine penalty liability)			
One International	Boulevard, Suite 400, Mahwah, New Jersey 0				
	(Principal offi	ice street address)	-		
	·				
	(Current mailin	ig address, if different)			
Name and street	<u>n address</u> of Florida registered agent: (P.C	D. Box NOT acceptable)	#.T.		
Name:	Cross Street Corporate Services, LLC	subserved track	33	,	
	200 South Orange Avenue		100	:	
fice Address:		3.1236	1118 12 30 XIV	Ç	
	Sacasota (City)	, Florida (Zip code)	Ē	5	
	(City)	(Zip code)			
	ent's acceptance:  med as revistered agent and to accept serv	ice of process for the above stated corporation at the	acity, I	_	
wing been nam signated in this other agree to c	application, I hereby accept the appoints	relative to the proper and complete performance of a	ny dutie		

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total].

#### H21000033288 3

A. DIRECTORS	James LaRusso		Amy LaRusso
□ Chairman	Name: One International Boulevard	□Chairman	One International Boulevard
□Vice Chairman	Address: Suite 400	☐ Vice Chairman	Address: Suite 400
Director		<b>聞</b> Director	Mahwah, NJ 07495
■ President	Mahwah, NJ 07495	□President	
□Vice President	that they they says the says that they say the says and the says they say that they say	□ Vice President	
D'Secretary	Cl Viensuret	□ Secretary	□ l'rensurer
<b>葡</b> Other	GOther	□Other	Other
□(Thainnan	Name;	□Chairman	Name:
.  Dvice Chairman	Address:	□ Vice Chairman	Address:
Director		Director	
□President		□President	<u>.                                </u>
□Vice President		□Vice President	72
☐ Secretary	[]Treasurer	☐Secretary:	ClTreasurer 200 N
Other	Other	[]Other	UsOther A A
		٠.	ا يو چچ
Chairman	Name:	□Chairman	Name: 577 N
□Vice Chairman	Address:	□Vice Chairman	Address:
□ Director		□Director	
☐ President		©President	
O Vice President		Ovice President	
Secretary	∐Treasurer	□ Secretary	O freadurer
□Other	Other	□Other	□Other
individuals may h	Use an attachment to report more than six (6). The art e added to the index when filing your Floring Department	ent of State Annual I	Report form.
12.	Signature of Director	()()	
The officer or direction is aware that for 18.817.155, F.S.	ector signing this document (and who is listed in numb false information submitted in a document to the Depa lusso, as its Chief Executive Officer and Presid	er 11 above) aftirms riment of State consti	that the facts stated herein are true and that he or tutes a third degree felony as provided for in
	(Typed or printed name and capacity of per	son signing application	(ווכ

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# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

### PURE PLATINUM PARTY ENTERTAINMENT INC. 0100871904

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 19, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JAMES LARUSSO 180 FRANKLIN TURNPIKE SUITE 8 MAHWAH, NJ 07430



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 25th day of January, 2021

den A Man

From: Comorate Paralegals

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6113026314

Verify this certificate online at

https://www.l-state.nj.us/TVTR\_StandingCort/ISP/Nortly\_Cort.jsp