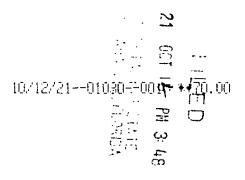
## F210006019

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200374603732





## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: THIRD TIME ENTER	RTAINMENT, INC		
1	Name of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporation	ificate of Good Standi	ng" and check are subm	
Please return all correspondence co	ncerning this matter to	the following:	
Keith Cooper			
	Name of Po	erson	
Morrison Rothman LLP			
· · · · · · · · · · · · · · · · · · ·	Firm/Compa	any	
1801 Century Park E - 25th Floor			
	Address	<del></del>	
Los Angeles, CA 90067			
	City/State and	Zip code	
corporate@morrisonrothman.com			
E-mail a	ddress: (to be used for	future annual report no	tification)
For further information concerning	this matter, please cal	l:	
Keith Cooper	310 at (	556-9611	
Name of Person	Area Code	) Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303  MAILING ADDRES Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 32303		ction porations	
	DA DEPARTMENT OF SFiling Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

## · 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.

orp," "Inc," "Co," or "Corp.")			
able in Florida, enter alternate corporate name add	opted for the purpose of transa	acting business in Florida)	
3.			
y under the law of which it is incorporated)	(FEI number,	if applicable)	
5.			
(Date of incorporation)		(Date of duration, if other than perpetual)	
(Date first transacted business in Fl	orida, if prior to registration), F.S., to determine penalty li	ability)	
elle Isle, FL 32809			
	street address)	2	
(Current mailing a	ddress, if different)	<u> </u>	
	Box NOT acceptable)	TED 9: 4	
lan Cummings	<del></del>	3: 48 	
7538 Lake Dr	_	84	
Belle Isle	. Florida 32809		
(City)	(Zip code)	-	
	y under the law of which it is incorporated)  5	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty listelle Isle, FL 32809  (Principal office street address)  (Current mailing address, if different)  et address of Florida registered agent: (P.O. Box NOT acceptable)  lan Cummings  7538 Lake Dr  Belle Isle  , Florida	

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

under the law of which it is incorporated.

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

## A. DIRECTORS Name: \_\_\_\_\_ Name: □ Chairman Chairman 7538 Lake Dr. Belle Isle, Florida □Vice Chairman Address: ☐ Vice Chairman Address: Director □ Director President □ President ☐Vice President □Vice President □ Secretary Treasurer Secretary Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: □ Chairman Name: Address: ☐ Vice Chairman □Vice Chairman Address: ☐ Director □ Director President □ President ☐Vice President □Vice President \_\_\_\_\_ Treasurer □Treasurer □ Secretary ☐ Secretary □ Other □Other\_\_\_\_\_ Other Other \_\_\_\_\_ Name: □ Chairman □ Chairman □Vice Chairman Address: ☐Vice Chairman Address: ☐ Director □ Director □ President □ President □Vice President \_\_\_\_\_ ☐ Vice President □ Secretary ☐ Treasurer □ Secretary □ Treasurer □ Other Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s,817.155, F.S. lan Cummings

(Typed or printed name and capacity of person signing application)

Page 1



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

DELAWARE, DO HEREBY CERTIFY "THIRD TIME ENTERTAINMENT, INC" IS DULY

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

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

OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF OCTOBER, A.D. 2021.



6196464 8300

Authentication: 204308243

Date: 10-01-21