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COVER LETTER

	ion of Corporations				
SUBJECT:	GILBERT GOTTFRIED P	RODUCTIONS, IN	łC.		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Nam	e of corporation -	must include suffix	•	
Dear Sir or M	adam:				
"Certificate o	"Application by Foreign (f Existence," or "Certifica ced foreign corporation to	ite of Good Standi	ng" and check are sub		
Please return	all correspondence conce	rning this matter to	the following:		
JODY MEYER	R CPA				
		Name of Pe	rson		
BRAVERMA	N CPA PC				
	· ·	Firm/Comp	any		
520 EIGHT A	VENUE, SUITE 2001				20
		Address	5		
NEW YORK,	NY 10018				
····		City/State and	l Zip code		<u></u>
jmeyer@brave	ermanepany.com				ි. විසි විසි
	E-mail addre	ess: (to be used for	r future annual report r	notification)	15 STATE OF
For further in	formation concerning this	matter, please cal	ł:		250
JODY MEYER	R CPA	212 at (989-0009		
Nam	e of Person	Area Code	: Daytime Telephone Number		••
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	-	DEPARTMENT (ling Fee & □	OF STATE \$78.75 Filing Fee & Certified Copy	□ \$87.50 Fili Certificate Certified C	of Status &

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.

	orporation: must include "INCORPORATED," orp," "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"	
1000	and the control of the control of		
		dopted for the purpose of transacting business in Flor	ridu)
NEW YORK	ئ	68-0616763	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
10/26/2005	5.		
(Date	of incorporation)	5(Date of duration, if other than perpetual)	
01/01/2021			
	(Date first transacted business in (SEE SECTIONS 607,1501 & 607,150 LLA COURT, BOCA RATON, FL 33433	02. F.S., to determine penalty liability)	
-	(Principal offic	ee <u>street</u> address)	
	(Current mailing	g address, if different)	
			~-\
Name and stree	et address of Florida registered agent: (P.O.	. Box NOT acceptable)	
Name and street	et address of Florida registered agent: (P.O. DARA GOTTFRIED	. Box <u>NOT</u> acceptable)	ASSTANT ABY
		. Box <u>NOT</u> acceptable)	THA CREET BEST
Name:	DARA GOTTFRIED	. Box <u>NOT</u> acceptable) Florida 33433	AHARSEF, ELADIO

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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.

A. DIRECTORS				
ElChairman	Name:	□Chairman	Name:	
ElVice Chairman	Address:	□Vice Chairman	Address:	
Director	BOCA RATON, FL 33433	Director		
≅ President		□President		
□Vice President		□Vice President		
∏Secretary	□Treasurer	☐ Secretary		□Treasurer
_iOther	□Other	□Other	·- ····	□Other
: IChairman	Name:	□Chairman	Name:	
_lVice Chairman	Address:	∐Vice Chairman	Address:	
[]Director		Director		
□President		□President		
∐Vice President		□Vice President		
[]Secretary	□Treasurer	□ Secretary		□Treasurer
. 1Other		□Other		□Other → No. 28
				3 CD
DCbairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		97. 77. 85.
□President		□President		
(DVice President	·	□Vice President		
EdSecretary	□Treasurer	□ Secretary		☐Treasurer
lOther	□Other	□Other		□Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The a added to the index when filing your Florida Depart	attachment will be image tment of State Annual Re	d for reporting oport form.	purposes only Non-indexed
12. X				· · · · · · · · · · · · · · · · · · ·
	Signature of Directo	or or Officer		
	ctor signing this document (and who is listed in num dse information submitted in a document to the Dep			

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

GILBERT GOTTFRIED PRODUCTIONS, INC.

DOS ID Number:

3273475

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

10/26/2005

Statement Status:

CURRENT

Statement Due Date:

10/31/2023

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



WITNESS my hand and official seal of the Department of State, at the City of Albany, on May 11, 2022 at 10:34 A.M.

Brandon C Hylan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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August 1, 2022

JODY MEYER CPA BRAVERMAN CPA PC 520 EIGHT AVENUE, SUITE 2001 NEW YORK, NY 10018

SUBJECT: GILBERT GOTTFRIED PRODUCTIONS, INC.

Ref. Number: W22000099797

We have received your document for GILBERT GOTTFRIED PRODUCTIONS, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$150.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 922A00017134

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