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Date:C	4/25/2023	
Name:	Merritt Walker	
Reference #:_	1971929	-
		AL PRODUCTIONS, INC.
✓ Articles	of Incorporation/Authorization	o Transact Business
Amend	ment	
☐ Change	e of Agent	
Reinsta	tement	
☐ Conver	sion	
☐ Merger		
☐ Dissolu	tion/Withdrawal	
☐ Fictitiou	is Name	
Other_		
Authorized Am	nount: \$70	
Signature:	m	

F: 800.944.6607

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.

(Enternance of C	corporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"	•
inc., "Co.," "C	Corp," "Inc," "Co," or "Corp.")		
(If name unavail	lable in Florida, enter alternate corporate name ad	opted for the purpose of transacting b	business in Florida)
New York	7	•	
(State or count	ry under the law of which it is incorporated) 3	(FEI number, if appli	icable)
12/19/1975			
(Date	e of incorporation)	(Date of duration, if other tha	in perpetual)
_	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)
c/o Gunster, 7	77 S Flagler Drive, Suite 500E, West Palm Beach, I	Florida 33401	
	(Principal office	street address)	
	·		
	(Current mailing	address, if different)	
	(Current mailing	address, if different)	
Name and stre	(Current mailing et address of Florida registered agent: (P.O.		207
Name and stre	,		2023 A1
Name:	et address of Florida registered agent: (P.O.		2023 APR 2
Name:	et address of Florida registered agent: (P.O. CT Corporation System 1200 S Pine Island Road, #250	Box <u>NOT</u> acceptable)	2023 APR 25 T
Name:	et address of Florida registered agent: (P.O. CT Corporation System 1200 S Pine Island Road, #250 Plantation		-
Name:	et address of Florida registered agent: (P.O. CT Corporation System 1200 S Pine Island Road, #250 Plantation (City)	Box NOT acceptable) , Florida 33324	-
Name: Tice Address: Registered ag	et address of Florida registered agent: (P.O. CT Corporation System 1200 S Pine Island Road, #250 Plantation (City) ent's acceptance:	Box NOT acceptable) , Florida 33324 (Zip code)	PH 5: 30
Name: Tice Address: Registered ag aving been nam	et address of Florida registered agent: (P.O. CT Corporation System 1200 S Pine Island Road, #250 Plantation (City)	Box NOT acceptable) , Florida 33324(Zip code) of process for the above stated c	- င္ င္ လ Orporation at the p
Name: Tice Address: Registered agaving been nansignated in this	et address of Florida registered agent: (P.O. CT Corporation System 1200 S Pine Island Road, #250 Plantation (City) ent's acceptance: ned as registered agent and to accept service is application, I hereby accept the appointment comply with the provisions of all statutes reliable.	Box NOT acceptable) , Florida 33324, Cip code) of process for the above stated cont as registered agent and agree ative to the proper and complete parts.	cn cn corporation at the pa to act in this capac
Name: ffice Address: Registered agaving been nansignated in this rther agree to designate the designation of the designatio	et address of Florida registered agent: (P.O. CT Corporation System 1200 S Pine Island Road, #250 Plantation (City) The ent's acceptance: The description agent and to accept service application, I hereby accept the appointment.	Box NOT acceptable) , Florida 33324, Cip code) of process for the above stated cont as registered agent and agree ative to the proper and complete parts.	cn cn corporation at the pa to act in this capac
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Name: ffice Address: Registered agaving been nansignated in this rther agree to designate the designation of the designatio	et address of Florida registered agent: (P.O. CT Corporation System 1200 S Pine Island Road, #250 Plantation (City) ent's acceptance: ned as registered agent and to accept service is application, I hereby accept the appointment comply with the provisions of all statutes reliable.	Box NOT acceptable) , Florida 33324, Cip code) of process for the above stated cont as registered agent and agree ative to the proper and complete parts.	cn cn corporation at the pa to act in this capac

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 Nathaniel Kramer Name: _______ □ Chairman □ Chairman Address: _c/o Gunster, 777 S Flagler Drive ☐ Vice Chairman □Vice Chairman Address: Suite 500E, West Palm Beach, Florida 33401 □ Director □ Director ■ President □ President ☐Vice President □Vice President □Treasurer ☐ Treasurer ☐ Secretary ☐ Secretary Other _____ □Other _____ Other ____ □Other _____ Name: Chairman Name: ☐ Chairman □Vice Chairman Address: _____ □ Vice Chairman Address: □ Director □ Director □ President □President □Vice President _ ☐ Vice President Treasurer □ Secretary Treasurer □ 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 _____ 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. /s/ Nathaniel Kramer 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. Nathaniel Kramer, President

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

1, 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:

REMARK THEATRICAL PRODUCTIONS, INC.

DOS 1D Number:

387135

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

12/19/1975

Statement Status:

CURRENT

Statement Due Date:

12/31/2023

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 April 25, 2023 at 03:26 P.M.

Brandon C. Hughan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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