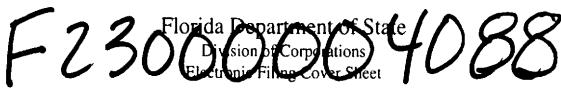
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000246246 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

그는 KEmail Address:

Enter the email address for this business entity to be used for future $\mathcal{L}_{\mathbf{X}}$ annual report mailings. Enter only one email address please.

> FOREIGN PROFIT/NONPROFIT CORPORATION FLORESTA RECORDS INC

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

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations	:		
SUBJECT: FLORESTA RECO	RDS INC		
	Name of corporation	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corpora	ertificate of Good Sta	nding" and check are sub-	
Please return all correspondence	concerning this matte	er to the following:	
Erika A. Easter			
	Name of	f Person	
eMinutes			
	Firm/Co	mpany	
11726 San Vicente Blvd., Suite 480			
	Add	ress	
Los Angeles, CA 90049			
	City/State	and Zip code	
eteam@eminutes.com			
E-mai	l address: (to be used	for future annual report n	otification)
For further information concerning	ng this matter, please	call:	
Erika A. Easter	at (310	820-1000	
Name of Person	Area Co	de Daytime Teleph	none Number
STREET/COURIER A. Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	c	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fi	ection rporations
÷ i	RIDA DEPARTMEN	T 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.

(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting bu	siness in Floric	da)
Delaware	3.	92-3618326		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica	ible)	
	04/19/2023 5 of incorporation)			
(Date	of incorporation)	(Date of duration, if other than	perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502			
433 N Camden D	r, Suite 730, Beverly Hills, California 90210			
433 N Camden F	(Principal office or, Suite 730, Beverly Hills, California 90210	street address)	•	
	*	ddress, if different)		
Name and stree Name: ffice Address:	et address of Florida registered agent: (P.O. I eResidentAgent, Inc. 801 US Highway I	Box NOT acceptable)		2023 JUL 13 AM
	North Palm Beach	, Florida		; ≖
	(City)	(Zip code)		: 26
laving been nam esignated in this orther agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the obligations of my positi	it as registered agent and agree to tive to the proper and complete pe	act in this co	pacity.

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	3		
☐ Chairman	Name: Larissa de Macedo Machado	☐ Chairman	Name: Renan de Macedo Mechado
□Viœ Chairman	Address: 433 N Camden Dr., Suite 730 Beverly Hills, CA 90210	□Vice Chairman	Address: 433 N Camden Dr, Suite 730 Beverly Hills, CA 90210
Director		Director	
President		□President	
□Vice President		☐Vice President	
Secretary	□ Treasurer	☐ Secretary	GTreasurer
Other	□Other	Other	○ Other
□ Chairman	Name:	□Chairman	Name:
□ Vice Chairman	Address:	□Vice Chairman	Address:
☐Director		□ Director	
□President		☐ President	
□Vice President		OVice President	
☐ Secretary	☐ Treasurer	Secretary	☐ Treasurer
Other	□Other	Other	☐ Other
□ Chairman	Name:	☐ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		President	
□Vice President		□Vice President	
Secretary	Treasurer	☐ Secretary	☐ Treasurer
Other	Other	Other	
Important Notice: I	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Department	schment will be imaged ent of State Annual Re	d for reporting purposes only. Non-indexed port form.
12.	Signature of Director of	1-acb m	adrada
The officer or direction is aware that fa	Signature of Director of Signature of Signature of Signature of Director of Signature	r 11 above) affirms th	at the facts stated herein are true and that he or

PRESIDENT



Page 1

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

DELAWARE, DO HEREBY CERTIFY "FLORESTA RECORDS 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 TWENTIETH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLORESTA RECORDS INC" WAS INCORPORATED ON THE NINETEENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203177698

Date: 04-20-23