(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:					



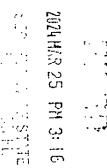


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# **COVER LETTER**

	Registration Section Division of Corporations						
SUBJECT	SHAKE PRODUCTION	INC.					
		ne of corporation	n - must i	nclude suffix			
Dear Sir or	Madam:						
"Certificate	ed "Application by Foreign e of Existence," or "Certific renced foreign corporation (	cate of Good Star	nding" and	d check are subn	t Business in Florida." mitted to register the		
Please retu	rn all correspondence conc	erning this matte	r to the fo	llowing:			
CHRISTOP	HER SHANE HUDEPOHL						
		Name of	Person	·			
SHAKEPR	ODUCTIONS INC.						
		Firm/Con	npany	· -			
650 NE 67 S	ST						
		Addr	ess		75.18.0.		
MIAMI, FL	33138						
		City/State a	and Zip co	ode			
shane@shak	reproductions.com						
-	E-mail add	ress: (to be used	for future	annual report no	otification)		
For further	information concerning thi	s matter, please o	call:				
C. SHANE HUDEPOHL. 786 218-7197		197					
Na	ame of Person	Area Cod	le	Daytime Teleph	one 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	□ \$78.75	TE Filing Fee & ed Copy	■ \$87.50 Filing Fee. Certificate of Status &		

## APPLICATION BY FÓREIGN 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.

Enter name of c	orporation; must include "INCORPORATED.	" "COMPANY," "CORPORATION,"		
"Inc.," "Co.," "C	orp." "Inc." "Co." or "Corp.")			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida		
NEW YORK	3	13-4164648		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
02/15/2001		PERPETUAL		
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
N/A				
681 PUTNAM A	VENUE, 2ND FLR BROOKLYN, NY 11221 (Principal off	ice <u>street</u> address)		
	(Current maili	ng address, if different)		
Name and street	et address of Florida registered agent: (P.G	D. Box <u>NOT</u> acceptable) 👸 😝		
Name:	CHRISTOPHER SHANE HUDEPOHL	20 NOT acceptable)		
Office Address:	650 NE 67 STREET			
	MIAMI	, Florida 33138		
	(City)	${}$ , Florida $\frac{33138}{}$ (Zip code) ${}$ $\omega$		
Ranictoral and	ent's acceptance:			

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	the second of the second of					
<b>■</b> Chairman	Name:	□Chairman	Name: DAKE GONZALEZ  Address:			
□Vice Chairman	Address:	□ Vice Chairman				
□Director	720 NE 69TH ST	□Director				
□President	#26W	■ President	#26W			
□Vice President	MIAMI, FL 33138	□Vice President	MIAMI, FL 33138			
□Secretary	□Treasurer	☐ Secretary	☐Treasurer			
Other	Other	□Other	Other			
□Chairman □Vice Chairman □Director □President	Address:  Address:  APT 6	□Chairman □Vice Chairman □Director □President	Name:Address:			
□ Vice President	NEW YORK, NY 10014					
Secretary	■ Treasurer	Secretary	☐ Treasurer			
□Other	Other	Other	Other			
	Name:	□Chairman □Vice Chairman □Director	Name:			
□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.  12.  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						

The officer or directof signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of 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.

### 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: SHAKE PRODUCTIONS INC.

DOS ID Number: 2606683

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 02/15/2001

Statement Status: CURRENT Statement Due Date: 02/28/2025

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 February 23, 2024 at 09:43 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugher

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100005241600 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>