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| (Re | equestor's Name) | |
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| (Ac | ldress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | usiness Entity Nam | ne) |
| (Dc | ocument Number) | |
| • | , | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
SHAPE SEEL FLORIDA

COVER LETTER

Registration Section

TO:

| Div | ision of Corporation | 18 | | | | |
|-------------------|---|--|------------------------------------|---|---|-----------------------------------|
| SUBJECT: | The Divine Saga Stu | idios, LLC | | | | |
| | | · Name of | Limited Liability (| Company | | |
| | | reign Limited Liability Comp d to register the above refer | | | | |
| Please return | all correspondence of | concerning this matter to the | following: | | | |
| | Kevin B Cantre | ·II | | | | |
| | | N | ame of Person | . | | |
| _ | The Divine Sag | a Studios, LLC | | | | |
| | | F | irm/Company | | | |
| | 8118 Colonial | Village Dr. APT 203 | | | | |
| | | | Address | | | |
| | Tampa, FL. 336 | 525 | | | | |
| | | City/S | itate and Zip Code | | | |
| | kbcantrell@thedi | vinesagastudios.net | | | | |
| | | E-mail address: (to be use | d for future annua | report not | ification) | -5 = == |
| For further in | nformation concernin | g this matter, please call: | | | • | |
| Ker | vin B Cantrell | | 813 at (| 943-37: | 55 | MISSING D |
| | Name o | f Contact Person | Area Code | Day | time Telephone N | umber |
| Div Reg P.O | MLING ADDRESS: rision of Corporations gistration Section b. Box 6327 lahassee, FL 32314 | | | Division Registrati Clifton B 2661 Exe | CADDRESS: of Corporations ion Section adding contive Center Circ see, FL 32301 | M 7: 51 |
| | a check for the follow \$125.00 Filing Fee | ring amount: ■ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filin Certified Copy | ng Fee & | □ \$160.00 Filin of Status & Cert | g Fee, Certificate lified Copy |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,6002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| f name unavailable, enter alternate r | name adopted for the purpose of transacting business in Flor | rida. The afternate name must include "Limited Lia | bility Company," "L.L.C," or "L.LC.") |
|---|---|---|---|
| Delaware | • | 3 82-1728751 | |
| - | hich foreign limited liability company is organized) | | ber, if applicable) |
| 07/27/2017 | | | |
| • | (Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine | registration) ne penalty liability) | |
| 8118 Colonial Village | | 6. 8118 Colonial Village Dr. (Mading Add | APT 203 |
| (Street Address of | Principal Office) | | ress) |
| Tampa, FL. 33625 | | Tampa, FL. 33625 | |
| | | | · · · · · · · · · · · · · · · · · · · |
| . Name and street address | ss of Florida registered agent: (P.O. Box | NOT acceptable) | |
| Name: | Kevin B Cantrell | | |
| Office Address: | 8118 Colonial Village Dr. Apt 203 | | |
| | Tampa | , Florida <u>33625</u> | |
| | (City) | (Zip cod | le) |
| esignated in this applica comply with the provis | egistered agent and to accept service of partion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. | s registered agent and agree to act | in this capacity. I further a duties, and a am fumiliar wi |
| esignated in this applica o comply with the provis | tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. | s registered agent and agree to act and complete performance of my | in this capacity. I further a duties, and a am fumiliar wi |
| lesignated in this applicated in this applicate of comply with the provise and accept the obligation | tion. I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. (Registered agent's s | s registered agent and agree to act and complete performance of my orgnature) | in this capacity. I further a duties, and a ampumiliar wi |
| lesignated in this applicated in this applicate of comply with the provise and accept the obligation | tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. | s registered agent and agree to act and complete performance of my orgnature) | in this capacity. I further a |
| lesignated in this applicate comply with the provision of accept the obligation 3. The name, title or capa | ition, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. [Registered agent's a acity and address of the person(s) who ha | s registered agent and agree to act and complete performance of my organium. | in this capacity. I further a duties, and a ampumiliar wi |
| designated in this applicate comply with the provisional accept the obligation 3. The name, title or capa Title or Capacity: | acity and address of the person(s) who ha Name and Address: Kevin B Cantrell 8118 Colonial Village Dr. AP | s registered agent and agree to act and complete performance of my signature) s/have authority to manage is/are: Title or Capacity: Treasurer | in this capacity. I further a duties, and I am fumiliar with the same and Address: Barbara Van Der Ogren 8118 Colonial Village Dr |
| esignated in this applicate of comply with the provisional accept the obligation 3. The name, title or capacity: | ation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. (Registered agent's sacity and address of the person(s) who ha Name and Address: Kevin B Cantrell | s registered agent and agree to act and complete performance of my signature) s/have authority to manage is/are: Title or Capacity: Treasurer | in this capacity. I further a duties, and I am fumiliar with the same and Address: Name and Address: Barbara Van Der Ognen |
| esignated in this applicate of comply with the provisional accept the obligation 3. The name, title or capa Title or Capacity: | acity and address of the person(s) who ha Name and Address: Kevin B Cantrell 8118 Colonial Village Dr. AP | s registered agent and agree to act and complete performance of my signature) s/have authority to manage is/are: Title or Capacity: Treasurer | in this capacity. I further a duties, and I am fumiliar with the same and Address: Barbara Van Der Ogren 8118 Colonial Village Dr |
| designated in this applicate comply with the provisional accept the obligation B. The name, title or capa Title or Capacity: | acity and address of the person(s) who ha Name and Address: Kevin B Cantrell 8118 Colonial Village Dr. AP | s registered agent and agree to act and complete performance of my signature) s/have authority to manage is/are: Title or Capacity: Treasurer | in this capacity. I further a duties, and I am fumiliar with the same and Address: Barbara Van Der Ogren 8118 Colonial Village Dr |
| designated in this applicate comply with the provisional accept the obligation 8. The name, title or capatity: CEO | acity and address of the person(s) who ha Name and Address: Kevin B Cantrell 8118 Colonial Village Dr. AP Tampa, FL. 33625 | s registered agent and agree to act and complete performance of my signature) s/have authority to manage is/are: Title or Capacity: Treasurer | in this capacity. I further a duties, and I am fumiliar with the same and Address: Barbara Van Der Ogren 8118 Colonial Village Dr |
| designated in this applicate comply with the provise and accept the obligation. B. The name, title or capatitle or Capacity: CEO | acity and address of the person(s) who ha Name and Address: Kevin B Cantrell 8118 Colonial Village Dr. AP Tampa, FL. 33625 | s registered agent and agree to act and complete performance of my signature) is/have authority to manage is/are: Title or Capacity: Treasurer | Name and Address: Barbara Ven Der Ogren 8118 Colonial Village Dr Tampa, FL 33625 |
| lesignated in this applicate comply with the provise and accept the obligation. B. The name, title or caparity: CEO (Use attachments if neces) | acity and address of the person(s) who ha Name and Address: Kevin B Cantrell S118 Colonial Village Dr. AP Tampa, FL. 33625 | s registered agent and agree to act and complete performance of my organiture) is/have authority to manage is/are: Title or Capacity: Treasurer I | Name and Address: Barbara Van Der Ogren 8118 Colonial Village Dr Tampa, FL 33625 |
| lesignated in this applicate comply with the provision of accept the obligation. 3. The name, title or caparity: CEO (Use attachments if necessor, Attached is a certificate curisdiction under the law of the translator must be so.). This document is executed the complete of the translator must be so. | acity and address of the person(s) who ha Name and Address: Kevin B Cantrell S118 Colonial Village Dr. AP Tampa, FL. 33625 | duly authenticated by the official has is in a foreign language, a translate of (1) (b), Florida Statutes, I am awar | Name and Address: Barbara Van Der Osten 8118 Colonial Village Dr. Tampa, FL 33625 |
| lesignated in this applicate comply with the provision of accept the obligation. 3. The name, title or caparity: CEO (Use attachments if necessor, Attached is a certificate curisdiction under the law of the translator must be so.). This document is executed the complete of the translator must be so. | acity and address of the person(s) who ha Name and Address: Kevin B Cantrell 8118 Colonial Village Dr. AP Tampa, FL. 33625 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted) | duly authenticated by the official has is in a foreign language, a translate of (1) (b), Florida Statutes, I am awar | Name and Address: Barbara Von Der Osten 8118 Colonial Village De Tampa, FL 33625 |

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THE DIVINE SAGA STUDIOS LLC" IS DULY

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

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE DIVINE SAGA STUDIOS LLC" WAS FORMED ON THE THIRTIETH DAY OF MAY, A.D. 2017.

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





Authentication: 202929611

Date: 07-21-17

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