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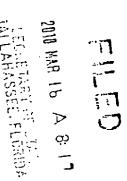
(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

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D. SCOTT MAR 1 9 2013

COVER LETTER

TO:

Registration Section Division of Corporations

FUTURE VIEW PRODUCTIONS, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

My Corporation Business Services, Inc.		
Name of Person		
Firm/Company		
26025 Mureau Road Suite 120		
Address		
Calabasas, CA 91302		
City/State and Zip Code		
processing@mycorporation.com		
E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

Processing	Department	877 69	2-6772 =	•
	t Contact Person	at ()	2-01 A Saytime Telephone Number	.
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisio Registr Clifton 2661 E	er Address: on of Corporations nation Section Building executive Center Circle assee, FL 32301	HASSEE, FLORING	
Enclosed is a check for the f \$125.00 Filing Fee	ollowing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fe of Status & Certif	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	RODUCTIONS, LLC gn Limited Liability Company; mu	st include "Limited	Liability Company," "L.L.C	.," or "LLC")	-
					
If name unavailable, enter alt ability Company," "L.L.C."	ternate name adopted for the purpo	se of transacting by	isiness in Florida. The alterna	ite name must include "L	imited.
Mandand		,			
(Jarisdiction under the law company is organized)	of which foreign limited liability	 _	(FEI number, if ap	pplicable)	
1.	(Date first transacted busings opening 605 (but). § 60	ness in Florida, if p	orior to registration.)		_
	the sections of the section	5 0905, F.S. to dete	rimine penalty hability)		
3838 West Stree	t		· · · · · · · · · · · · · · · · · · ·		_
Hyattsville, MD 2					
		Address of Principa	il Office)		
, 3838 West Street	•				
Hyattsville, MD 2	0785				
·		(Mailing Address))		
7. The name, title or	capacity and address of th	e person(s) wh	no has/have authority t	o manage is/are:	
	orized Member - 1406 S				
Julie Shellon - Auth		Jaybrooke C	3011 0300010, 1112		
				2018 141	
				五二	T 1
an a samula a Elia ma malmi	inal certificate of existence	e no more thu	n 90 days old, duly au	がご め thenticated by the c	Fricial
having custody of reci	ords in the jurisdiction und	der the law of '	which it is organized. ((А рвегосору із по) P
acceptable. If the cert	ificate is in a foreign langu	uage, a translat	ion of the certificate u	nder gath of Me tra	anslator
must be submitted)				一部で	
	()	į.		¥*	
	. July Ah	ulb			
(In accordance with section 605) am aware that any false informa	Signatur 0203, F.S., the execution of this document tion submitted in a document to the De-	re of an author nent constitutes an af spartment of State con	firmation under the penalties of p	perjury that the facts stated by	herein are tru IS-i
	Julie Shelton, Authoriz				
	Typed or	nrinted name o	of signee		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d). FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability Compa IEW PRODUCTIONS, LLC	my is:	
If unavailable	e, the alternate to be used in the	state of Florida is:	
2. The name	and the Florida street address o	of the registered agent and office are:	
	Legalinc Corporate Services l	nc.	
		(Name)	•
	5237 Summerlin Commons Se	uite 400	
	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)	-
	Fort Myers	33907 FL	
		City/State/Zip	•
liability compregistered ag statutes relati	pany at the place designated in the ent and agree to act in this capa ing to the proper and complete p	o accept service of process for the above shis certificate. I hereby accept the appoint ocity. I further agree to comply with the proerformance of my duties, and I am familiatered agent as provided for in Chapter 60	ment as covisions of all www.ith and
	Jona Au	le The state of th	
	Dana Case, Manager	-يا دن اين	
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	。 8 8 7

STATE OF MARYLAND Department of Assessments and Taxation

I. MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT FUTURE VIEW PRODUCTIONS, LLC (W15814585), REGISTERED APRIL 18, 2014, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 14, 2018.

Michael L. Higgs Director

301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: 1azMKnAJHkKClv3ntufBQw To verify the Authentication Code, visit http://dat.maryland.gov/verify