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.

(((H180003067343)))



H180003067343ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

(P)

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_

## Foreign Limited Liability Company Glassnote Entertainment Group LLC

Certificate of Status	Û
Certified Copy	1
Page Count	03
Estimated Charge	\$793.75

Electronic Filing Menu

Corporate Filing Menu

Help

1/1

To: Page 3 of 4

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: Glassnote Entertainment Group L.L.C. (Name of Foreign Limited Liability Coropany; must include "Limited Liability Company," "L.L.C.," or "LLC.") off review unas all able, enter alternate cause adopted for the pospect of transacting business in Plonda. The alternate name must include "Lordert I intribity Company," "LLC," or "LLC," or "LLC," or (FHI number, if applicable) (Jurnalizing under the law of which foreign limited liability company is argenized) 08/01/2017 liability) 6. 770 Lexington Ave 5. 521 N Highland Drive (Street Address of Principal (Hisce) 16th Ft. HOLLYWOOD, Florida, 33021, US New York, NY 10065 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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. C.T Corporation System Denise Bell, Assistant Secretary Bv: 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity; Name and Address: Title or Capacity: Name and Address: Daniel Glass Member 770 Lexington Ave. 16th fl NEW YORK, NY. 10065. Christopher Soully Member 770 Lexington Ave NEW YORK, NY. (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State conspirates a third degree felony as provided for in s.817.155, F.S. promote of an authorized versus. Christopher Scully, CFO/GM & Member Typed or printed name of signer



Page 1

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

DELAWARE, DO HEREBY CERTIFY "GLASSNOTE ENTERTAINMENT GROUP, 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 NINETEENTH DAY OF OCTOBER, A.D. 2018.

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

18 OCT 25 PM 12: 40

line at corp.delaware gov/aut

Authentication: 203649634

Date: 10-19-18