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#### COVER LETTER

TO:

TO:	Registration Section Division of Corporations					
SUBJE	NILE RODGERS PRO	DUCTIONS LLC				
,7(/ <b>D</b> J [.		Name of Lir	mited Liability (	Company	•	
The end Existen	closed "Application by Foreig ce, and check are submitted to	gn Limited Liability Compar o register the above reference	ny for Authoriza ced foreign limi	ation to Transact Business in Florida, ted liability company to transact busi	" Certificate of ness in Florida.	
Please i	return all correspondence con	cerning this matter to the fo	llowing:			
	JENNIFER LARS	SEN				
		Nan	ne of Person		-	
	NILE RODGERS PRODUCTIONS LLC C/O LWA					
	Firm/Company					
	201 DEFENSE HIGHWAY, SUITE 260					
	Address					
	ANNAPOLIS, MD 21401					
		City/Star	te and Zip Code	:	-	
	MRICHARDSON(	@LWACPAFIRM.COM				
	<u>I</u>	E-mail address: (to be used f	for future annua	l report notification)	- 2019	
For fur	ther information concerning t	his matter, please call:			2019 JUN 17	
	ALLEN AYERS		410 at (	263-4201		
	Name of C	Contact Person	Area Code	Daytime Telephone Number	至	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		7 AH 10: 05	
	Enclosed is a check for the Please make check payable	following amount: to: FLORIDA DEPARTM	MENT OF STA	.TE		
	S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Statu	\$155.00	_	g Fee, Certificate ertified Copy	

## 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 FORFIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NILE RODGERS PR	ODUCTIONS, LLC Limited Liability Company; must include "Limit	ted Liabilit	Company," "L.L.C.," or "LLC.")
(Called St. 1 St. 1 gard			,
If name unavailable, enter alternate na	ame adopted for the purpose of transacting business in F	londa. The a	ternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. NEW YORK		3.	82-4579932
(Jurisdiction under the law of wh	uch foreign limited liability company is organized)		(FEI number, if applicable)
4. 05/19/18			
	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deter-	to registration mine penalty	liability)
5. 201 DEFENSE HIG	HWAY, SUITE 260		201 DEFENSE HIGHWAY, SUITE 260
(Street Address of F	rincipal Office)		(Mailing Address)
ANNAPOLIS, MD 214	401		ANNAPOLIS, MD 21401
<ol> <li>Name and <u>street addres</u></li> <li>Name:</li> </ol>	s of Florida registered agent: (P.O. Bo Northwest Registered Agent, LL		acceptable)
Office Address:	7901 4th St N STE 300		
	St. Petersburg		, Florida 33702
	(City)		(Zip code)
designated in this applica to comply with the provise	gistered agent and to accept service of tion, I hereby accept the appointment	as regist	for the above stated limited liability company at the place ered agent and agree to act in this capacity. I further ago mplete performance of my duties, and I am familiar with
	Ton Glove		
	(Registered agent	's signanac)	· <del></del>

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SECRETARY OF STATE

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: NILE RODGERS	Manager 3	Name:	
Member	Address:	Member .	Address:	
Authorized	201 DEFENSE HWY, SUITE 260	Authorized		
Person	ANNAPOLIS, MD 21401	Person		
Other	Other	Other	<del></del>	Other
□Manager	Name: ALLEN K. AYERS	Manager	Name:	
Member	Address: 201 DEFENSE HWY			
■Authorized	SUITE 260	☐ Authorized		
Person	ANNAPOLIS, MD 21401	Person		
Other	Other	Other		Other
☐Manager	Name:	Manager	Name:	
☐Member	Address:	Member	Address:	
Authorized		☐ Authorized		
Person		Person		
Other	Other	Other		Other

indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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 oath 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 constitutes a third degree felony as provided for in s.817.155, F.S.

JA R		
	Signature of an authorized person	
ALLEN K. AYERS		
	Exped or printed name of signee	

# State of New York Department of State } ss:

I hereby certify, that NILE RODGERS PRODUCTIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/26/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\* + \*

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 07th day of November two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State