MIGCEOSII

(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:

Office Use Only



800330356458

06/07/19=-01015--037 **160.00

2019 JUN -7 PM 4: 24
SECRETARY OF STATE

Y SCOTT JUN1 8 2019



COVER LETTER TO: Registration Section **Division of Corporations** 3 Peace Records 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: Daniel E. Manzano Name of Person 3 Peace Records LLC Firm/Company 1920 Adelicia Street, #300 Address Nashville, TN, 37212 City/State and Zip Code dmanzano@post.harvard.edu E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 615 9387212 David Zeisler Daytime Telephone Number Name of Contact Person Area Code STREET ADDRESS: MAILING ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □

ng Fee \$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy

\$160.00 Filing Fee, Certificate of Status & Certified Copy

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

	NINESS IN THE STATE OF FLORIDA:			
3 Peace Records LLC				
(Name of Foreign	Limited Liability Company; must include "Lim	ited Liability Company," '	"L.L.C.," or "LLC.")	
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida The alternate name m	st include "Limited Liability Company,"	"L.L.C." or "LLC.")
DELAWARE				
	uch foreign limited liability company is organized)	3	(FEI number, if applicable)	
(Jurisdiction under the law of wh	uch foreign limited liability company is organized)		(Ед шшвег, п аррисави)	
				•
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to dete	to registration.) rmine penalty liability)	ALL ALL	
1920, Adelicia Street, Suite 300), Nashville, TN, 37212	1920, Adelici	a Street, Suite 300, Nashville, TN, 37512	
(Street Address of P	** . *** . *** . ***	6	<u> </u>	
(Street Address of P	Principal Office)		(Mailing Address)	
				- M
			• • • • • • • • • • • • • • • • • • • •	
			0 1 A	
			iate oridi	ي
				
Name and stead address	or of Florido maistanad agants (D.O. D.	ov. NOT nacontoble)		
Name and street aggres	s of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)		
	Adam Barber			
				
Name:				
Name:	5780 MEAD AVENUE			
Name: Office Address:	5780 MEAD AVENUE			
	5780 MEAD AVENUE SARASOTA		34233	
		Fi	34233 orida	

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.

(Registered agent's signature)

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: ALEJANDRO MANZANO DANIEL MANZANO Manager Name: Manager Name: 1920 ADELICIA ST SUTTE 300 1920 ADELICIA ST SUFFE 300 Address: NASHVILLE, TN 37212 Address: NASHVILLE, TN 37212 Member Member Authorized Authorized Person Person Other___ Other____ Other Other____ **FABIAN MANZANO** ■ Manager Name: _____ Manager Name: 1920 ADELICIA ST SUITE 300 Address: NASHVILLE, TN 37212 Member | Member Address: ☐ Authorized ☐ Authorized ᇹ Person Person Other____ Other_ Other Other__ ☐ Manager Name: Address: _____ Address: Member Authorized ■ Authorized Person Person Other_____ Other____ Other____ Other__ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Signature of an authorized person

Typed or printed name of signee

DANIEL E. MANZANO

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "3 PEACE RECORDS 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-THIRD DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3 PEACE RECORDS LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2019.

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

PILED

2019 JUN - 7 PM 4: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Authentication: 202889849

Date: 05-23-19

7344889 8300 SR# 20194406023