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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

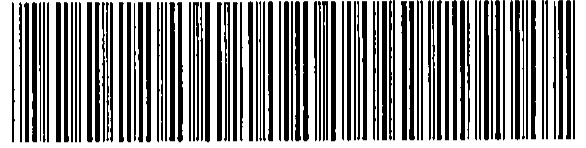
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2019 NOV -5 PM 10:56

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NOV 06 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 034403 7469824
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 150.00

ORDER DATE : November 4, 2019
ORDER TIME : 9:55 AM
ORDER NO. : 034403-005
CUSTOMER NO: 7469824

FOREIGN FILINGS

NAME: FPM ENTERTAINMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

2019 NOV -5 AM 10:55

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FPM ENTERTAINMENT, LLC

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:

Eugene Koenig

Name of Person

Sony Music Entertainment

Firm/Company

25 Madison Avenue, 22nd Floor

Address

New York, NY 10010

City/State and Zip Code

eugene.koenig@sonymusic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eugene Koenig

212

833-5428

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

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

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 &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

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

2019 FEB -5 AM 10:55

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FPM Entertainment, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4.

NOVEMBER 1, 2019

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5.

2600 SOUTH DOUGLAS ROAD

(Street Address of Principal Office)

6.

(Mailing Address)

Suite 900

CORAL GABLES, FL 33134

2019 OCT -5 AM 10:56

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Corporation Service Company

Office Address:

1201 Hays St.

Tallahassee

(City)

, Florida

32301

(Zip code)

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.

Harry B. Davis
Asst. Vice President

(Registered agent's signature)

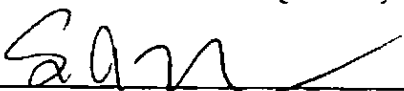
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	<u>SONY MUSIC ENTERTAINMENT</u>	<input type="checkbox"/> Manager	Name:	<u>JORGE FERRADAS</u>		
<input checked="" type="checkbox"/> Member	Address:	<u>25 MADISON AVE.</u>	<input checked="" type="checkbox"/> Member	Address:	<u>2600 South</u>		
<input type="checkbox"/> Authorized		<u>NEW YORK, NY</u>	<input type="checkbox"/> Authorized		<u>DOUGLAS ROAD, Suite 900</u>		
Person		<u>10010</u>	Person		<u>Coral Gables, FL 33134</u>		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other		
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:			
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized				
Person			Person				
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other				
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:			
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized				
Person			Person				
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other				
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:			
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized				
Person			Person				
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other				

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-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.



Signature of an authorized person

SUSAN A. MEISEL

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FPM ENTERTAINMENT, 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-NINTH DAY OF OCTOBER, A.D. 2019.

2019 OCT -5 PM 10:56



7474225 8300

SR# 20197784512

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203893787

Date: 10-29-19