M20000003195

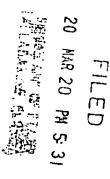
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cid	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	JC 3/24	160





600342276646

03/20/20--01015--006 **125.00



COVER LETTER

TO:

Registration Section

BJECT:		**	_
	Nam	ne of Limited Liability Company	
		Company for Authorization to Transact Business in Floridareferenced foreign limited liability company to transact business.	
ase return all corresponden	ce concerning this matter t	to the following:	
Bonnie Me	Gowan		
		Name of Person	_
CinemaWo	rx		
		Firm/Company	_
PO BOX 79	988		
		Address	
Jackson, W	Y 83002		
mail@cinema		City/State and Zip Code	_
	E-mail address: (to be	e used for future annual report notification)	-
further information concer	ning this matter, please ca	ill:	
Daniel Sexton		307 201-0000 at (20
	e of Contact Person	Area Code Daytime Telephone Number	- 55 - 17
Mailing Address:		Street Address:	ILED 20 PM
Registration Section Registration Section Division of Corporations Division of Corporations		3 □	
P.O. Box 6327			က် (၁)
Tallahassee, FL 32	2314	2415 N. Monroe Street, Suite 810 (1975) Callahassee, FL 32303	

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: CinemaWorx Operating Company (East) 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.") Wyoming 84-4894649 (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 680 S Cache St PO BOX 7988 5. (Street Address of Principal Office) (Mailing Address) Jackson, WY 83001 Jackson, WY 83002 7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) LANKFORD LAW FIRM, P.A.

140 South Beach Street, Suite 310

Daytona Beach . Florida 32114
(City) . (Zip code) Name:

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.

Melody Lanleford, Esq.
(Registered agent rignature)

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: Daniel Sexton ■ Manager Name: □Manager Name: _____ PO BOX 7988 ☐ Member ☐ Member Address: Address: Jackson, WY 83002 □ Authorized ☐ Authorized Person Person □Other____ □Other □Other___ Other____ Name: ____ Name: □ Manager □Member Address: ☐ Member Address: ☐ Authorized □ Authorized Person Person □Other____ □Other □Other____ Other Name: ____ Name: ☐Manager □ Manager ☐ Member Address: □Member Address: _ ☐ Authorized ☐ Authorized Person Person □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 fiting 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. Daniel Sexton

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

CinemaWorx Operating Company (East) LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 23, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000896590**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 12th day of March, 2020 at 7:47 AM. This certificate is assigned ID Number 035287432.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.