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COVER LETTER

Div	ision of Corporations					
SUBJECT:	Othertone, LLC Name of Limited Liability Company					
SOBJECT.						
		ompany for Authorization to Transact Business in Florida ferenced foreign limited liability company to transact bus				
Please return	all correspondence concerning this matter to	the following:				
	Shannyn Yates					
	Name of Person					
	Venable LLP					
	Firm/Company					
	2049 Century Park East, Suite 2300					
		Address	-EB 2	77		
	Los Angeles, CA 90067					
	City/State and Zip Code rn rn					
	scyates@venable.com					
	E-mail address: (to be	used for future annual report notification)	- - - -			
For further is	nformation concerning this matter, please call:					
Sha	annyn Yates	310 229-0442 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number	_			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEPA \$125.00 Filing Fee	& □ \$155.00 Filing Fee & □ \$160.00 Filing Fee				

TO:

Registration Section

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. Othertone, LLC	Limited Liability Company; must include "Limited L	iability Company " " L.C. " as "L.C.")	
(Name of Poreign	Elimited Liability Company; must include Elimited L	nability Company, L.C.C., or LEC. 1	
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flori-	da. The alternate name must include "Limited Liability	Company," "L.L.C," or "LLC.")
Delaware			
2. (Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if a	apticable)
4			~
	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605,0905, F.S. to determine	istration.) penalty hability)	021
10960 Wilshire Blvd.,	5th Floor	10960 Wilshire Blvd., 5th Floor	FEB T
5. (Street Address of Principal Office)		6. (Mailing Address)	1 2 2
Los Angeles, CA 9002	4	Los Angeles, CA 90024	PH PH
	· · · · · · · · · · · · · · · · · · ·		THOSE TO THE
			FE 50
7. Name and street address	ss of Florida registered agent: (P.O. Box 1	NOT acceptable)	
	Downson Incompeted		
Name:	Paracorp Incorporated		
	155 Office Plaza Drive, 1st Floor		
Office Address:		<u> </u>	
	Tallahassee	32301	
	(City)	, Florida(Zip code)	
Registered agent's accep	tance:		
Having been named as re	gistered agent and to accept service of pro- tion, I hereby accept the appointment as r	cess for the above stated limited liabil	ity company at the place
to comply with the provisi	ons of all statutes relative to the proper a	egistered ugent and agree to act in this ad complete performance of my duties,	s capacity. Truitiner agree , and I am familiar with
and accept the obligation:	s of my position as registered agent.		
Е	By: SEE ATTACHED		
	(Registered agent's sign	nature)	

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: Pharrell Williams ■ Manager □Manager Name: _____ 10960 Wilshire Blvd., 5th Fl □Member Address: □Member Address: ________ Los Angeles, CA 90024 ☐ Authorized ☐ Authorized Person Person □Other Other □ Other □Other □ Manager □Manager Name: Name: ______ □Member Address: □Member Address: Authorized ☐ Authorized Person Person □Other__ □Other_ __ _ __ □Other___ □Other____ □ Manager Name: □Manager Name: _____ ☐ 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 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) 0. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information ubmitted 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

Pharrell Williams

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 2/26/2021

ENTITY NAME: Othertone, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OTHERTONE, 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-SECOND DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OTHERTONE, CLLCE"
WAS FORMED ON THE TWENTY-FIRST DAY OF JANUARY, A.D. 2021.

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

at coro delaware poy/auth

Authentication: 202349229

Date: 01-22-21

4817171 8300 SR# 20210199241

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