

ma1000005867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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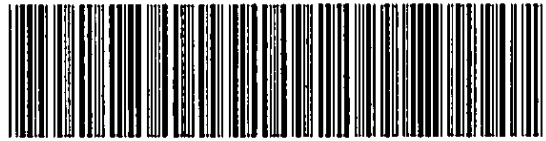
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CLERK OF STATE
TALLAHASSEE, FLORIDA

TR
5/14/21

KUMMER, LAMBERT, FOX & GLANDT, LLP

Attorneys at Law

Michael E. Lambert
Terence P. Fox
Travis K. Glandt
Trent R. Nelson
Lee H. Kummer, of Counsel

927 South 8th Street
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Manitowoc, WI 54220

(920) 683-5499 Telephone
(920) 683-5494 Facsimile
klf@klfllp.com

March 8, 2021

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Application by Foreign Limited Liability Company
- Red Drama Productions LLC**

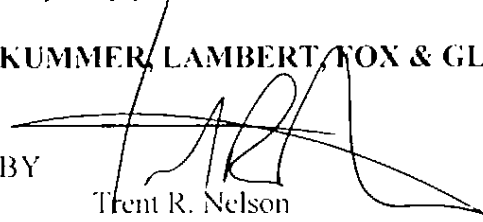
Dear Sir or Madam:

Enclosed herewith please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Red Drama Productions LLC. Attached to the application is a copy of the Articles of Organization which were filed with the State of Wisconsin and a current Certificate of Status, together with our check in the amount of \$130.00 representing the filing fee. Should you have any questions or should additional information be needed, please feel free to contact my office.

Very truly yours,

KUMMER, LAMBERT, FOX & GLANDT, LLP

BY


Trent R. Nelson

TRN/lal
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Red Drama Productions 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:

Attorney Trent R. Nelson

Name of Person

Kummer, Lambert, Fox & Glandt, LLP

Firm/Company

927 South 8th Street

Address

Manitowoc, WI 54220

City/State and Zip Code

tnelson@klfgllp.com

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

For further information concerning this matter, please call:

Trent R. Nelson

920

683-5499

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

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. Red Drama Productions 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. Wisconsin
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. no business yet transacted
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 552 South Spoonbill Drive
(Street Address of Principal Office)

6. 552 South Spoonbill Drive
(Mailing Address)

Sarasota, FL 34236 Sarasota, FL 34236

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

Name: Kenneth H. Katz

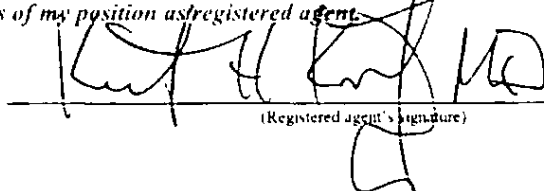
Office Address: 552 South Spoonbill Drive

Sarasota, Florida 34236
(City) (Zip code)

FILED
21 APR 26 PM 3:29
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

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)

3/18/21

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:

☒ Manager Name: Kenneth H. Katz

☐ Member Address: 552 South Spoonbill Drive

☐ Authorized Sarasota, FL 34236

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

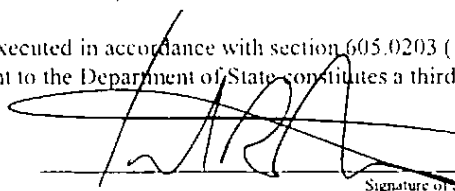
Person _____

☐ Other _____ ☐ 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

Trent R. Nelson

Typed or printed name of signer

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

RED DRAMA PRODUCTIONS LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is November 16, 2020.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 08, 2021.

A handwritten signature in cursive script that reads "Patti Epstein".

PATTI EPSTEIN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions



Sec. 183.0202
Wis. Stats.



State of Wisconsin
Department of Financial Institutions

ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

Article 1. **Name of the limited liability company:**

Red Drama Productions LLC

Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**

Article 3. **Name of the initial registered agent:**

Trent Nelson

Article 4. **Street address of the initial registered office:**

927 S 8TH STREET
MANITOWOC, WI 54220
United States of America

Article 5. **Management of the limited liability company shall be vested in:**

A member or members

Article 6. **Name and complete address of each organizer:**

Trent Nelson
927 S 8TH STREET
MANITOWOC, WI 54220
United States of America

Other Information. **This document was drafted by:**

Trent R. Nelson

Organizer Signature:

Trent Nelson

Date & Time of Receipt:

11/16/2020 2:31:39 PM

Order Number:
202011165610370

ARTICLES OF ORGANIZATION - Limited Liability Company(Ch. 183)



Filing Fee: \$130.00
Total Fee: \$130.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**

EFFECTIVE DATE	
11/16/2020	

FILED 11/16/2020	Entity ID Number R077265
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