→ 18506176383

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	
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Foreign Limited Liability Company Underscore Venture Three, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Help

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

(Name of Foreign	Limited Liability Company, must include "Lim	ited Liability	· Company," "L.L.C.," or "LLC."}			
Delaware	ame adopted for the purpose of transacting business i	n Florids. The		oilny Company," "L.IC." or "LI.C.") r. if applicable)		
	(Date first transacted business in Florids, if prior (See sections 605,0904 & 605,0905, FS to det	r to registration	i.) Fishiin)			
8383 Wilshire Blvd Ste 240			6. (Stabling Address)			
Los Angeles, California 90211			Los Angeles, California 90213			
				AM 9:		
Name and street addres	ss of Florida registered agent: (P.O. B	ox <u>NOT</u>	acceptable)	다음 - 9		
Name:	eResidentAge	nt, l	nc.			
Office Address:	801 US Highway	orth				
	Palm Beach		, Florida 3340	<u>18</u>		
	(City)		{Zip code)			

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;	
■ Manager	Underscore Talent Management, LLC Name:	□Manager	Name:	
□Member	Address: 8383 Wilshire Blvd Ste 240	□Member	Address:	
□Authorized	Los Angeles, California 90211	□ Authorized		
Person		Person		
□Other	Other	□Other		Other
⊡Manager	Name:	□Manager	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		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.

renature of an authorized person

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "UNDERSCORE VENTURE THREE, 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 NINETEENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNDERSCORE VENTURE THREE, LLC" WAS FORMED ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2021.

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

Authentication: 204449343

Date: 10-19-21