

2/9/22, 12:03 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H22000053031 3)))



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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : NRAI SERVICES, LLC  
Account Number : I20080000104  
Phone : (302)674-4089  
Fax Number : (302)674-5266

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

Email Address: rob@jumpingfrogentertainment.com

**Foreign Limited Liability Company  
Metaverse Immersive Experiences LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

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K. SALY

FEB 10 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Metaverse Immersive Experiences 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:

Robert Pearlman

\_\_\_\_\_  
Name of Person

Metaverse Immersive Experiences LLC

\_\_\_\_\_  
Firm/Company

31308 Via Colinas Suite 109

\_\_\_\_\_  
Address

Westlake Village, CA 91362

\_\_\_\_\_  
City/State and Zip Code

rob@jumpingfrogentertainment.com

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

For further information concerning this matter, please call:

Clifford Dew

831

915-5833

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

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

H22000053031 3

# 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. Metaverse Immersive Experiences 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. Wyoming  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

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

5. 31308 Via Colinas Suite 109 Westlake Village, C.  
(Street Address of Principal Office)

6. 31308 Via Colinas Suite 109 Westlake Village, C.  
(Mailing Address)

CA 91362

CA 91362

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (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.

By: NRAI Services, Inc.  
(Registered agent's signature)

FILED  
2022 FEB -9 PM 12:55  
TALLAHASSEE, FLORIDA

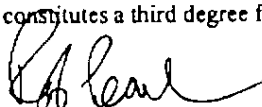
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Robert Pearlman	<input checked="" type="checkbox"/> Manager	Name: Clifford Dew
<input type="checkbox"/> Member	Address: 2004 S 86 Ave	<input type="checkbox"/> Member	Address: 31308 Via Colinas Suite 109
<input type="checkbox"/> Authorized	Omaha, NE 68124	<input type="checkbox"/> Authorized	Westlake Village, CA 91362
Person		Person	
<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"/> 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"/> 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"/> 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

Rob Pearlman

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,

**Metaverse Immersive Experiences LLC**

is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **October 22, 2021** with a delayed effective date of October 23, 2021, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001045793**.

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 8th day of February, 2022 at 12:38 PM. This certificate is assigned ID Number 049775131.



*Edward A. Buchanan*  
Secretary of State

2022 FEB -9 PM 12: 55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED