

M22 000002384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

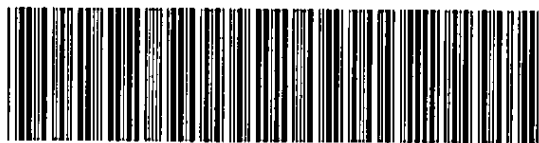
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W22-10319

Office Use Only



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01/20/22--01022--001 \*\*250.00

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JAN 20 2022  
PM 4:25  
STATE  
TFL

S. HAWKES

JAN - 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2022

WILLIAM EASTMAN  
202 S OBRIEN STREET  
TAMPA, FL 33609

SUBJECT: BLISSPOP PRODUCTIONS, LLC  
Ref. Number: W22000010319

We have received your document for BLISSPOP PRODUCTIONS, LLC and check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes  
Regulatory II

Letter Number: 422A00002480

# CLINTON & PEED

CLINTONPEED.COM

Jon Lamb  
jlamb@clintonpeed.com

1775 Eye Street NW, Suite 1150  
Washington, D.C. 20006  
Tel: (404) 247-0536  
Fax: (202) 919-9454

January 13, 2022

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**By Fax:**

*Re: Registration of Foreign LLCs*

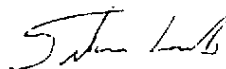
To Whom It Concerns:

I am writing on behalf of our client, William Eastman, to submit the enclosed applications to register the DC-based entities Blisspop Productions, LLC and U Street Music Hall, LLC as foreign limited liability companies in Florida. Included is a check for \$250.00 to cover the \$100.00 filing fee and \$25.00 registered agent designation fee for each entity.

Please note that previously, Mr. Eastman mistakenly set up two new Florida LLCs with the same names (Blisspop Productions, LLC and U Street Music Hall, LLC) instead of registering the existing District of Columbia LLCs as foreign LLCs in Florida. Based on correspondence from the Division of Corporations, Mr. Eastman filed forms online to dissolve the two Florida LLCs on Monday, January 10, 2022. Per additional guidance from the Division of Corporations, please note that Mr. Eastman has no intention of revoking the dissolution of the two Florida LLCs and wishes to use the names Blisspop Productions, LLC and U Street Music Hall, LLC, respectively, as the names for the foreign LLCs in Florida.

If you have any questions or need any information, I may be reached at (404) 247-0536. Thank you in advance for your assistance.

Sincerely,



Jon Lamb

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Blisspop 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:

William Eastman

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

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

202 S Obrien Street

\_\_\_\_\_  
Address

Tampa, FL 33609

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

will.eastman@gmail.com

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

For further information concerning this matter, please call:

William Eastman

202

415-8500

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

**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. Blisspop 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. District of Columbia 3. 26-3589883  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 202 S Obrien Street 6. 202 S Obrien Street  
(Street Address of Principal Office) (Mailing Address)  
Tampa, FL 33609 Tampa, FL 33609

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

Name: William Eastman

Office Address: 202 S Obrien Street

Tampa, Florida 33609  
(City) (Zip code)

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STATE  
FL

**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)


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 type="checkbox"/> Manager	Name: William Eastman	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 202 S Obrien Street	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Tampa, FL 33609	<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.

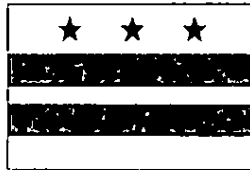
  
\_\_\_\_\_  
Signature of an authorized person

William Easton

\_\_\_\_\_  
Typed or printed name of signer

Initial File #: L42784  
Entity Type: LLC

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
CORPORATIONS DIVISION



**C E R T I F I C A T E**

**THIS IS TO CERTIFY** that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this ***CERTIFICATE OF GOOD STANDING*** is hereby issued to

BLISSPOP PRODUCTIONS LLC

**WE FURTHER CERTIFY** that the domestic entity is formed under the law of the District on 03/11/2009 ; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

**IN TESTIMONY WHEREOF** I have hereunto set my hand and caused the seal of this office to be affixed as of 2/14/2022 6:19 PM

Business and Professional Licensing Administration



*Josef G. Gasimov*

JOSEF G. GASIMOV  
Superintendent of Corporations,  
Corporations Division

Muriel Bowser  
Mayor