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COVER LETTER

TO:

Registration Section

Divisio	on of Corporations					
W	hite Tie Productions LLC					
SUBJECT: _						
	Name of Limited Liability Company					
		lity Company for Authorization to Transact Business in Florida," Certificate of over referenced foreign limited liability company to transact business in Floridates.				
Please return all	correspondence concerning this matt	ter to the following:				
	Ross Snyder					
	Name of Person					
	White Tie Productions LLC					
	Firm/Company					
	PO Box 63303					
Address						
	Phoenix, AZ 85082					
City/State and Zip Code ross@whitetielive.com						
	E-mail address: (t	o be used for future annual report notification)				
For further infor	mation concerning this matter, please	e call:				
Ross S	nyder	844 944-8384				
		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				
Please	ed is a check for the following amoun make check payable to: FLORIDA E 5.00 Filing Fee \$130.00 Filing Certifica	DEPARTMENT OF STATE				

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: White Tie 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 "L.L.C," or "L.L.C," Arizona 46-4212145 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 430 S. 2nd Ave PO Box 63303 (Street Address of Principal Office) (Mailing Address) Ste 2 Phoenix, AZ 85003 Phoenix, AZ 85082 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Megan Robinson Name: 6250 Edgewater Dr. #600 Office Address: Orlando 32810

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Ross Snyder Name:	□Manager	Cheyanne Tietje Name:
□Member	Address: 430 S. 2nd Ave, #2	□Member	Address:
□Authorized	Phoenix, AZ 85003	Authorized	Phoenix, AZ 85003
Person	THOUSING THE GOOD	Person	—
□Other	Other	□Other	□Other
□Manager	Megan Robinson Name:	□Manager	Name:
□Member	6250 Edgewater Dr, #600 Address:	□Member	Address:
■ Authorized	Orlando, FL 32810	□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: U	se an attachment to report more than six (6). The at	tachment will be ima	ged for reporting purposes only. Non-

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

Ross Snyder





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

1, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

WHITE TIE PRODUCTIONS LLC

ACC file number: L18877668

was incorporated under the laws of the State of Arizona on 11/21/2013, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. Thave hereunto set my hand, affixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 02/17/2022

Matthew Neubert, Executive Director



