Division of Corporations Note: Please print this page and use it as a cover sheet. Type the vax audit number

(((H22000107320 3)))



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

14154847068

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

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

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Foreign Limited Liability Company FANATAR, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

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Electronic Filing Menu Corporate Filing Menu

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: FANATAR, 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:

14154847068

Erika A. Easter
Name of Person
eMinutes
Firm/Company
228 Park Ave S, PMB 50845
Address
New York, NY 10003-1502
City/State and Zip Code
eteam@eminutes.com
F-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika A. Easter	_{at} 310	,820-1000	
Name of Contact Person	Area Code	Daytime Telephone Number	
Mailine Address:	Street Address:		

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for th				
Please make check payab	le to: FLORIDA DEPART	ME	NT OF STATE	
	☐ \$130.00 Filing Fee &			 \$160,00 Filing Fee, Certificate
•	Certificate of Sta	tus	Certified Copy	of Status & Certified Cop

14154847068

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

IN COMPLIANCE WITH SECTION (165,1942), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: FANATAR, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "E.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," "LLLC," or "LLC," 88-0670187 (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.)
(See sections 605 0904 & 605,0905, E.S. to determine penalty liability) 5950 Canoga Avenue, Suite 510 10972 Millazzo St. Woodland Hills, California 91367 Las Vegas, Nevada 89141 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) eResidentAgent, Inc. Name: 801 US Highway 1 North Office Address: Palm Beach 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.

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	<u>:</u>	Name and Address:
■Manager	Name: Nickolas Carter	□Manager	Name:	
□Member	Address: 5950 Canoga Avenue, Suite 510	□Member	Address:	
□Authorized	Woodland Hills, California 91367	□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.

Signature of an authorized person

Nickolas Carter

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "FANATAR, 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 ELEVENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FANATAR, LLC" WAS FORMED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2022.

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

Authentication: 202892365

Date: 03-11-22