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MAR 2 2 2023 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 598367 7469824

AUTHORIZATION :

COST LIMIT : \$ 2,000.00

ORDER DATE: March 20, 2023

ORDER TIME : 9:19 AM

ORDER NO. : 598367-005

CUSTOMER NO: 7469824

FOREIGN FILINGS

NAME: WK ENTERTAINMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

BJECT:		
Na	ame of Limited Liability Company	
enclosed "Application by Foreign Limited Liabili stence, and check are submitted to register the abo	ity Company for Authorization to Transact Business in Florida," Certifica ove referenced foreign limited liability company to transact business in Florida.	
ise return all correspondence concerning this matte	er to the following:	
Eugene Koenig	_	
	Name of Person	
Sony Music Entertainment		
· · · · · · · · · · · · · · · · · · ·	Firm/Company	
25 Madison Avenue		
	Address	
New York, NY 10010		
	City/State and Zip Code	
eugene.koenig@sonymusic.com		
E-mail address: (to	o be used for future annual report notification)	
r further information concerning this matter, please	call:	
Eugene Koenig	646 453-9834	
Name of Contact Person	at () Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
	Registration Section	
Registration Section	Division of Corporations	
Division of Corporations	The Centre of Tallahassee	
Division of Corporations P.O. Box 6327		
Division of Corporations	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Division of Corporations P.O. Box 6327	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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

IN COMPLIANCE WITH SECTION 005/0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Name of Foreign I.	imited Liability Company, must include "Lin	nited Liability Company, "LLC, o	or "LLC ")		
(If name unavailable, enter alternate m	mic adopted for the purpose of transacting business o	n Florida. The alternate name must include	e "Lunded Lubility Co	ompany," "L.t. C," or "t	rc.ə
DELAWARE		•			
2. Charisdiction under the law of wh	kh loreign limited liability company is organized)	3	(FEI number of app	lacable)	
. 5/13/19					
4. 3/13/12	(Date liss transacted histories in Florida, if prio (See sections 605 0904 & 605 0905, F.S. to det	r to registration) crimine penalty liability)			
1200 Brickell Ave. Suit					
5. (Street Address of Principal Other)		6. (Mailing Address)			
Miami, Florida 33131 Miami, Florida 33131					
			•	2	
					•
7. Name and street address	s of Florida registered agent: (P.O. F	Box NOT acceptable)		I I I	
	CORPORATION SERVIC	E COMPANY			
Name;					<u> </u>
Office Address:	1201 HAYS STREET				₽
Office Address.	120111110001111111			••	တ
	TALLAHASSEE	Florida	32308		
B. Sideral annual annual			(zip code)		
Registered agent's accep Having been named as re	cance: gistered agent and to accept service tion, I hereby accept the appointmet	of process for the above state	d limited liabili	ty company at th	e place
to comply with the provisi	ons of all statutes relative to the pro	n as regisierea agent and agr per and complete performan	ce of my duties.	and Lam familia	ier agree ir with
and accept the obligations	of my position as registered agent. EMUV	na Baher			
	tRegistered age	stant Vice President			

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Sony Music Entertainment W&BK Holding, Inc. □Manager □ Manager 1200 Brickell Ave. Suite# 1500 Address: 25 Madison Avenue ■ Member ■ Member Miami, Florida 33131 New York, NY 10010 □ Authorized ☐ Authorized Person Person □Other____ Other □Other______ Other_ Name: ______ Name: Address: ______ ■ Member Address: _______ □Member □ Authorized □ Authorized Person Person Other____ Other___ □Other_____ □Other _ Name: ______ □Manager Name: _____ □Manager Address: ☐ Member Address: ______ □Member □ Authorized □ Authorized Person Person ______ Other____ □Other_____ □Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 thir degree felony as provided for in s.817.155, F.S. Signature of an authorized person Maria Fernandez, Authorized Person

Typed or printed name of rigide

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WK ENTERTAINMENT, 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 TWENTIETH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WK

ENTERTAINMENT, LLC" WAS FORMED ON THE THIRTEENTH DAY OF MAY, A.D.

2019.

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



Authentication: 202954814

Date: 03-20-23