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(Requestor's Name)

(Address)

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(Business Entity Name)

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TALLAHASSEE, FL

S. F. ...

APR 16 2023

MS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Make Plays Media 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:

Kylee MacArthur

Name of Person

Weinberg Gonser Frost LLP

Firm/Company

10866 Wilshire Blvd., Suite 1650

Address

Los Angeles CA 90024

City/State and Zip Code

marc.weiner@makeplays-media.com scott.braun@makeplays-media.com

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

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TALLAHASSEE, FL
STATE

For further information concerning this matter, please call:

Kylee MacArthur

424

239-2856

Name of Contact Person

at (_____) _____

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. Make Plays Media LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

92-1453264

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (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. 150 E. Robinson St.

(Street Address of Principal Office)

6. 150 E. Robinson St.

(Mailing Address)

Unit 2306

Unit 2306

Orlando, FL 32801

Orlando, FL 32801

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

Name: Scott Braun

Office Address: 150 E. Robinson St., Unit 2306

Orlando 32801

(City)

, Florida (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.

(Registered agent's signature)

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TREASURER
FL

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:**

☒ Manager Name: Marc Weiner
☐ Member Address: 150 E. Robinson St., Unit 2306
☐ Authorized Orlando, FL 32801
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Scott Braun
☐ Member Address: 150 E. Robinson St., Unit 2306
☐ Authorized Orlando, FL 32801
Person
☐ Other ☐ Other

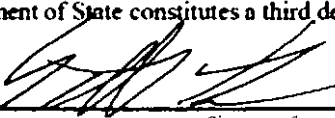
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ 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

Scott Braun

Typed or printed name of signee

Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MAKE PLAYS MEDIA 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2023.

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DELAWARE
CLERK OF COURT




Jeffrey W. Bullock, Secretary of State

7206333 8300

SR# 20230515177

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202721057

Date: 02-15-23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2023

KYLEE MACARTHUR
10866 WILSHIRE BLVD STE 1650
LOS ANGELES, CA 90024 US

SUBJECT: MAKE PLAYS MEDIA LLC
Ref. Number: W23000038709

We have received your document for MAKE PLAYS MEDIA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Sharon D Franklin
Regulatory Specialist II

Letter Number: 123A00006545

RECEIVED
APR 12 2023