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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

JUL 15 2023

Prumbly

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 870191 5024784

AUTHORIZATION :

COST LIMIT :

\$125.00

ORDER DATE : July 13, 2023

ORDER TIME : 9:08 AM

ORDER NO. : 870191-005

CUSTOMER NO: 5024784

FOREIGN FILINGS

NAME: MASTERMIND ARTISTS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mastermind Artists 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:

ASHLEY JAIPRASHAD
Name of Person

DL BUSINESS MANAGEMENT
Firm/Company

244 W 54TH STREET, SUITE 900
Address

NEW YORK, NY 10019
City/State and Zip Code

AJAIPRASHAD@DLBM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASHLEY JAIPRASHAD at (646) 214-5848
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. Mastermind Artists 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. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-2994770
(FEI number, if applicable)

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

5. 244 W 54TH STREET, SUITE 900
(Street Address of Principal Office)

6. 244 W 54TH STREET, SUITE 900
(Mailing Address)

NEW YORK NY 10019

NEW YORK NY 10019

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) Florida (Zip code)

APPROVED
AND
FILED
2023 JUL 14 AM 11:29
RECORDS OF STATE
TALLAHASSEE, FLORIDA

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.

Corporation Service Company

Eyleina Bahar
Assistant Vice President

By: _____
(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:**

☒ Manager Name: JAMES ROSEMOND

☒ Member Address: 244 W 54TH STREET

☐ Authorized SUITE 900

 Person NEW YORK, NY 10019

☐ Other _____ ☐ Other _____

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

☒ Manager Name: MICHAEL NELSON

☐ Member Address: 244 W 54TH STREET

☐ Authorized SUITE 900

 Person NEW YORK, NY 10019

☐ Other _____ ☐ Other _____

☒ Manager Name: ASHLEY JAIPRASHAD

☐ Member Address: 244 W 54TH STREET

☐ Authorized SUITE 900

 Person NEW YORK, NY 10019

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 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

ASHLEY JAIPRASHAD

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: MASTERMIND ARTISTS LLC
DOS ID Number: 5609050
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 08/22/2019

Statement Status: CURRENT
Statement Due Date: 08/31/2021

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,
at the City of Albany, on July 13, 2023 at 03:05 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State