

M230000011982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

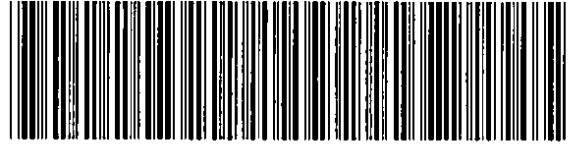
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



000415122110

09/05/23--01029--014 **125.00

2023 SEP -5 PM 2: 25

15.1.23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Be Social Public Relations, 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:

Nicole Pena

Name of Person

Dolphin Entertainment, Inc.

Firm/Company

600 Third Avenue, 23rd Floor

Address

New York, NY 10016

City/State and Zip Code

nicole@dolphinentertainment.com

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

For further information concerning this matter, please call:

Nicole Pena 305 774-0407

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. Be Social Public Relations, 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. California (Jurisdiction under the law of which foreign limited liability company is organized)
3. 201200410045 (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. 1840 Century Park East (Street Address of Principal Office) Suite 200 Los Angeles, CA 90067
6. 150 Alhambra Circle (Mailing Address) Suite 1200 Coral Gables, FL 33134

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

Name: Dolphin Entertainment, Inc.
Office Address: 150 Alhambra Circle, Suite 1200
Coral Gables, Florida 33134
(City) (Zip code)

2023 SEP -5 PM 2:25

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.

William O'Donohue

(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Alison Grant</u>	<input checked="" type="checkbox"/> Manager	Name: <u>William O'Dowd</u>
<input checked="" type="checkbox"/> Member	Address: <u>1840 Century Park East</u>	<input type="checkbox"/> Member	Address: <u>150 Alhambra Circle</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 200</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 1200</u>
Person	<u>Los Angeles, CA 90067</u>	Person	<u>Coral Gables, FL 33184</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Mirta Negrini</u>	<input type="checkbox"/> Manager	Name: <u>Nicole Pena</u>
<input type="checkbox"/> Member	Address: <u>150 Alhambra Circle</u>	<input type="checkbox"/> Member	Address: <u>600 Third Avenue</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 1200</u>	<input checked="" type="checkbox"/> Authorized	<u>23rd Floor</u>
Person	<u>Coral Gables, FL 33184</u>	Person	<u>New York, NY 10016</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other ^{Attorney} _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: <u>Lauren Stolz</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: <u>600 Third Avenue</u>
<input type="checkbox"/> Authorized	_____	<input checked="" type="checkbox"/> Authorized	<u>23rd Floor</u>
Person	_____	Person	<u>New York, NY 10016</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other ^{Attorney} _____	<input type="checkbox"/> 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.

William O'Dowd

Signature of an authorized person

William O'Dowd

Typed or printed name of signer



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: BE SOCIAL PUBLIC RELATIONS, LLC
Entity No.: 201200410045
Registration Date: 12/20/2011
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 28, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 140847429

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.