# M23000013148

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400417135594

10.11/25 -- 01004--001 \*\*125.00

RECEIVED

S. ROTTRTS 001 1 2 2023

#### COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	RANITSON	ENTER Name of	TAINMENT C	ONCEPTS LLC
				ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return all	correspondence concerning	this matter to the	following:	
	Jay	Shi	rodhar	
	/ .		ame of Person	
Firm/Company				
١	504 1	Bay	Road Ap	t. 1901
	Miami.	Beac	h Floris	
-		ddress: (to be use	tate and Zip Code  Car 1 a d for future annual report not	amail.com
For further infor	mation concerning this mat	ter, please call:		
Ja	Sh.rodl Name of Contact	LAY Person	at (S\S) 7	21 0931 time Telephone Number
Regist Divisio P.O. B	Address: ration Section on of Corporations Sox 6327 assee, FL 32314		Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see t, Suite 810
Please	d is a check for the followinake check payable to: FL 5.00 Filing Fee \$130	ng amount: ORIDA DEPAR' 0.00 Filing Fee & Certificate of St	☐ \$155.00 Filing Fee &	☐ \$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 FO COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	LLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
RANITSON ENTERTAIN (Name of Foreign Limited Liability Company; must include "Limited	NMENT CONCEPTS LLC
(Name of Foreign Limited Liability Company; must include "Limited	thability Company, Litter, or Lite. )
If name unavailable, enter alternate name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
(Jurisdiction under the law of which foreign limited liability company is organized)	3. 83 - 053 8630 (FEI number (Lample able)
,	,
1. Dute first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	rgistration.) c penalty liability)
	6. 1504 Bay Rd. Apt. C 190
M:am: Bch FL 33139	
USA	USA
7. Name and street address of Florida registered agent: (P.O. Box	NOT acceptable)
Name: JAY SHIRO	<u>UDKAR</u>
Office Address: 1504 Bay To	2d. Apt. C1901
Miami Beach	Florida 33139
Registered agent's acceptance: Having been named as registered agent and to accept service of pudesignated in this application, I hereby accept the appointment as to comply with the provisions of all statutes relative to the proper and accept the obligations of my position as registered agent.	registered agent and agree to act in this capacity. I further agree
(Registered agent's si	ignature)

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: JAY SHIRODKAR □Manager ☑Manager Name: \_\_\_\_\_\_ □Member □Member Address: \_\_\_\_\_ □ Authorized □ Authorized Person Person □Other \_ □Other Other Other\_\_\_\_ Name: \_\_\_\_\_ □ Manager Name: □ Manager □Member Address: Address: □Member □ Authorized Authorized Person Person Other\_\_\_\_ □Other\_\_\_\_ Other Other □Manager Name: □ Manager □Member Address: Address: □Member ☐ Authorized □ Authorized Person Person Other\_ □ Other\_\_\_\_\_ □()ther □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 605:6203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third dogree felopy as provided for in s.817.155, F.S. Signapure of an authorized person



### To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

#### Department of Business Services. I certify that

RANITSON ENTERTAINMENT CONCEPTS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 01, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of SEPTEMBER A.D. 2023 .

Authentication #: 2327102552 verifiable until 09/28/2024

Authenticate at: https://www.ilsos.gov

Alex Dianaval
SECRETARY OF STATE