

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet  
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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**  
 Division of Corporations  
 Fax Number : (850)617-6383

**From:**  
 Account Name : REGISTERED AGENTS INC.  
 Account Number : I20090000081  
 Phone : (307)200-2803  
 Fax Number : (813)436-5206

RECEIVED  
 FLORIDA  
 DIVISION OF CORPORATIONS  
 NOV 13 PM 2:32  
 \*Enter the email address for this business entity to be used for future  
 annual report mailings. Enter only one email address please.\*\*  
 Email Address: \_\_\_\_\_

2023 NOV 13 PM 5:15

**Foreign Limited Liability Company  
 Enchanted Hill Studios LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

**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:

Enchanted Hill Studios LLC

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

Darmella Graphics

**(b) 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")**

## New Jersey

3. 81477782 (F.T. 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. 7901 4th St N STE 300  
(Street Address of Principal Office)

6. 7901 4th St N STE 300  
(Mailing Address)

St. Petersburg FL 33702

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St. Petersburg FL 33702

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

Name: **Registered Agents Inc**

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702  
(City) (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.*

David X. Bowers

(Revised area's signature)

2023 NOV 13 PM 5:19  
SCHOOL OF THE AMERICAN  
FALCONER  
F

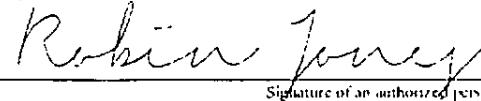
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Nevid, Dorothy	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 7901 4th St N STE 300	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	St. Petersburg FL 33702	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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.

  
\_\_\_\_\_  
Signature of an authorized person

Robin Jones

\_\_\_\_\_  
Typed or printed name of signee

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

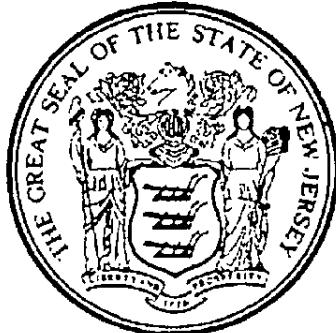
**ENCHANTED HILL STUDIOS LLC  
0450112699**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 17, 2016.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

**DOROTHY NEVID  
39 SHERWOOD DR  
MONROE TOWNSHIP, NJ 08831**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
3rd day of November, 2023*

*Elizabeth Maher Muoio  
State Treasurer*

*Certificate Number : 6148025916*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)*