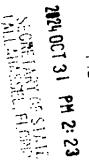
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| <u>·</u>                                |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
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DATE:

10/31/2024

NAME: MASSIVE BLACK STUDIOS, LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

### 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. Massive Black Studios (Name of Foreign  | . LLC<br>Limited Liability Company; must include "Limi  | ted Liabilit                   | y 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 Lia | bility Company," "L.L.C," or | "LLC.")    |  |
| Washington   |   | 7                              | 87-0841819                               |                              |            |  |
| 2. (Jurisdiction under the law of which foreign limited hability company is organized) |   | ٥.                             | 3(FEI number, if applicable)             |                              |            |  |
| 06/03/2024   |   |                                |  |                              |            |  |
| 4.   | (Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter   | to registratio<br>mine penalty | i )<br>hability)                         |                              |            |  |
| 2010 Terry ave, unit 3101  |   |                                | 2010 Terry ave, unit 3101                |                              |            |  |
| 5. (Street Address of Principal Office)  |   | 0.                             | 6. (Mailing Address)                     |                              |            |  |
| Seattle, Washington  |   |                                | Seattle, Washington                      |                              |            |  |
| 98121  |   |                                | 98121                                    | •                            |            |  |
| 7. Name and street addre   | ss of Florida registered agent: (P.O. Bo  | ox <u>NOT</u>                  | acceptable)                              | MORE TALL                    | 논          |  |
| Name:  | Paracorp Incorporated   |                                |  | <b>131</b>                   | FREE       |  |
| Office Address:  | 155 Office Plaza Drive, 1st Floor   |                                | -  | <b>암 2:</b><br>등 등 등         | 0 /50      |  |
|  | Tallahassee   |                                | 32301<br>, Florida                       | 23                           |            |  |
|  | (Cny)   |                                | (Zip code)                               |                              |            |  |
| designated in this applicato comply with the provis                                    | stance: egistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. | as regist                      | ered agent and agree to act in           | this capacity. I fur         | ther agree |  |
|  | See Atta  | _                              |  |                              |            |  |
|  | (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:

Mame and Address:

Room 8 Group Ltd

Manager

Manag

| □ wianage:  | Name.                             | w Wanager   | Name,                              |  |  |
|-------------|-----------------------------------|-------------|------------------------------------|--|--|
| ■Member     | Address: Krinon 16, Cyprus        | □Member     | Address: 18 Kranidioti, A4, Cyprus |  |  |
| □Authorized | Limassol                          | □Authorized | Paphos                             |  |  |
| Person      | 3110                              | Person      | 8035                               |  |  |
| □Other      | Other                             | Other       | Other                              |  |  |
| ■Manager    | Name: Inna Pendiur                | □Manager    | Name:                              |  |  |
| □Member     | Address: 2010 TERRY AVE UNIT 3101 | □Member     | Address:                           |  |  |
| □Authorized | SEATTLE                           | □Authorized |                                    |  |  |
| Person      | Washington, 98121                 | Person      |                                    |  |  |
| □Other      | Other                             | □Other      | Other                              |  |  |
| □Manager    | Name:                             | □Manager    | Name:                              |  |  |
| □Member     | Address:                          | □Member     | Address:                           |  |  |
| □Authorized |                                   | □Authorized |                                    |  |  |
| Person      |                                   | Person      |                                    |  |  |
| Other       | □Other                            | □Other      | Other                              |  |  |
|             |                                   |             |                                    |  |  |

<u>Important Notice:</u> 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

Stanislav Malik

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 10/30/2024

ENTITY NAME: Massive Black Studios, LLC

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

# The State of Washington

## Secretary of State

1, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

**OF** 

#### MASSIVE BLACK STUDIOS, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/26/2021.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 10/22/2024 UBI Number: 604 758 346

STATE OF NASHING

Given under my hand and the Scal of the State of Washington at Olympia, the State Capital

the R Hohlie

Steve R. Hobbs, Secretary of State

Date Issued: 10/22/2024