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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

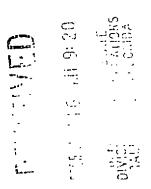
From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:



Foreign Limited Liability Company Nasstive Entertainment LLC

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

K. SALY

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05,0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED TABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited I	nability Company," "L.L.C.," or "LLC.")			
It name unovailable, enter alternate	name adopted for the purpose of fronsacting bulance in Flori	da. The alternate same mast include "I mitted Liab th	N Company," SELECT or "FAC"		
CA		46-2670782			
(furisdiction under the law of which foreign limited liability company is organized)		3. (El Triumber, if applicable)			
·	(Date first transacted business in Florida, if prior to reg (See sections 668-0904 & 508-0002, F.S. to determine	rationom) penalty hability (
7901 4th St N STE 300		7901 4th St N STE 300			
Street Address of Principal Office)		6. (Mailing Address)			
St. Petersburg, FL 33702		St. Petersburg, FL 33702			
			2325 JU		
Name and <u>street addres</u> Name,	Registered Agents Inc	(O) acceptable)	FINSTER PH		
Office Address:	7901 4TH ST N STE 300		PH 4: 24 FEFE DEAD		
	ST. PETERSBURG	33702 , Florida	<u>.</u>		
	(Cay)	(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.

(Registered (gent) signalises

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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:	Title or Capacity;		Name and Address:
□Manager	Name: Kuska, Jason	□Manager	Name:	
■ Member	Address:	\square Member	Address:	
□Authorized	27703 Ortega Hwy #29B	□Authorized		
Person	San Juan Capistrano, CA 92675	Person		
□Other	□Other	□Other		⊒(яћег
⊏Manager	Name:	∏Manager	Name:	
□Member	Address:	□Member	Address:	70 8 7
□Authorized		□Authorized		()'-" \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Person		Person		<u> </u>
COther		7:Other		∃Other ()
□Manager	Name:	∏Manager	Name:	
□Member	Address:	⊟Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	UOther	□Other		_1Other

<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.

Robin Jones

Typed or printed name of signer

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Secretary of State Certificate of Status

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

Entity Name: NASSTIVE ENTERTAINMENT LLC

Entity No.: 201303610202 **Registration Date:** 01/04/2013

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 June 14, 2025.

EILEL 124

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 337951840

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.