





Absolute Brightness NY Limited Liability Company

11/07/2016

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: ABSOLUTE BRIGHTNESS NY LIMITED LIABILITY COMPANY**

To whom it may concern:

Enclosed please find the following materials:

1. Application by foreign limited liability company for authorization to transact business in Florida.
2. Original Certificate Under Seal - certificate of good standing from New York State.
3. Check # 1505, payable to the Florida Department of State for the Filing Fee & Certified Copy.

I look forward to receiving written notification from your office that Absolute Brightness NY Limited Liability Company has been authorized to transact business in Florida.

I can be reached by phone at (646) 442-0272, by email at [SSchiff@DRTheatrical.com](mailto:SSchiff@DRTheatrical.com). Please send any materials to my attention using the following mailing address:

Absolute Brightness NY LLC  
c/o DR Theatrical Management  
Attn: Sheira Schiff  
888 Seventh Avenue, 24<sup>th</sup> Floor  
New York, NY 10019

Sincerely,

Sheira Schiff

*Office Manager, DR Theatrical Management on behalf of Absolute Brightness NY Limited Liability Company*

**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. Absolute Brightness NY Limited Liability Company  
(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 "L.I.C.")

2. New York State 3. 30-0867897  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 888 Seventh Avenue, 24th Floor  
New York, NY 10019  
(Street Address of Principal Office)

6. c/o DR Theatrical Management: 888 Seventh Avenue, 24th Floor  
New York, NY 10019  
(Mailing Address)

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

Name: Corporate Service Bureau, Inc.  
Office Address: 1540 Glenway Drive  
Tallahassee, Florida 32301  
(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.*

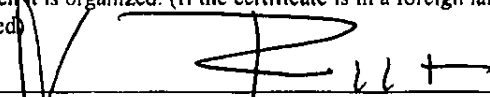
  
(Registered agent's signature)

16 NOV 10 4:20 PM '09  
STATE OF FLORIDA  
TALLAHASSEE

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Daryl Roth Productions, Ltd. - Manager: 888 Seventh Avenue, 24th Floor; New York, NY 10019  
Darren Bagert Productions LLC - Manager: 40 West 55th Street, Suite 5C; New York, NY 10019

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.)

  
Signature of an authorized person

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.

Kyle Provost  
Typed or printed name of signee

**State of New York**  
**Department of State** } **ss:**

I hereby certify, that ABSOLUTE BRIGHTNESS NY LIMITED LIABILITY COMPANY a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/15/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 19th day of October two  
thousand and sixteen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", written over a horizontal line.

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*