Filing and License Fee: \$310.00 minimum



Form No. 150 Revised: 06/11

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

**BUSINESS CORPORATION** 

OCT 15 PM 2: 5

STARY OF STATE

## **APPLICATION FOR CERTIFICATE OF AUTHORITY**

CO	rporate follo	t to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreigr ion hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits wing statement:								
1.	The	name of the corporation is Taylor Lane Productions Inc								
2.	It is incorporated under the laws of California									
3.		The name, if different, which it elects to use in Rhode Island is:								
	(a)	If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:								
	(b)	If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:								
4.	The	date of its incorporation is 309 11 and the period of its duration is Pervetuou								
5.	The	address of its principal office is 1342 N (aurel Az. #101 west Hollywood) CA 900								
6.	The address of its proposed registered office in Rhode Island is 100 Cottage st. and Pl. (Street Address, not P.O. Box)									
		RI 00860 and the name of its proposed registered agent in Rhode Island at (City/Town)								
	that	that address is(Name of Agent)								
7.	The	purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:								
8.	(a)	(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state o country of which it is incorporated).								
		<u>Name</u> <u>Address</u>								
	Dire	ctorFILED								
	Dire	F 577								
	Dire									
	Dire	ctor								

A.A. 2:58 p.m.

	state or country of v			ai onicers (mandatory i	r directors a	re not required	under the laws	s or the
	President	Chrotin	Name Tayor	- 1342	Nave	Address Ove #101	best Hel	lupo
	Vice President				-	<del></del>	CA	, पॅ०
	Treasurer			er •				,
	Secretary	/.	-		-		=	
	Secretary	<u> </u>		_		•	·	-
9.	The aggregate num and series, if any, w		n it has authority to	issue; itemized by class	ses, par valu	e of shares, sha	res without pa	r value,
	Number of Sha		<u>Class</u>	<u>Series</u>		Par Value or Sta Shares are witho		
		100	<u>01455</u>	<u>Geries</u>	<b>€</b> ₽		value	c
					<del>x</del>	NO PAR		
10.	(b) \$	wherever located.		e of the value of all p				
11.	(c) the corporation be owned during	% = An estimate to be located withi g the following year さると ving year.	n this state during r, wherever located = An estimate	percentage, of the properthe following year bear and research the gross amount of the	s to the valu multiply by 10 of business	e of all property 00 to obtain the p to be transacte	of the corpora percentage} ed by the corp	ation to
	(c) <u>74 %</u> transacted by th	% = An estimate ne corporation at or ill be transacted by	e, expressed as a r from places of bu	following year. percentage, of the pro siness in this state dur uring the following year	ing the follo	wing year bears	to the gross a	amount
12.	This application is a laws of which it is inc		certificate of Good	Standing issued by the	e proper offi	cer of the state	or country und	der the
13.	This Application for 0	Certificate of Author	rity shall be effective	e upon filing unless a s	pecified date	is provided which	ch shall be no	later
	than the 90th day aft	er the date of this f	iling					
	,			Under penalty of perjuication for Certification for Certificattachments, and that correct.	cate of Autl	nority, including	any accomp	anying
Date	10/15/	15		-ruel	<del>(</del>			
				Signature o		Officer of the Corpo	ration	

Type or Print Name of Authorized Officer

## State of California

## Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

TAYLOR LANE PRODUCTIONS, INC.

FILE NUMBER: FORMATION DATE:

C3356297 03/09/2011

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, 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 October 02, 2015.

ALEX PADILLA Secretary of State