

State of Rhode island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

SECRETARY OF STATE
CORPORATIONS DIV

## Application for Certificate of Authority Foreign Business Corporation Filing and License Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:	The second secon
J Lon Productions	
2. It is incorporated under the laws of:	California
3. The name, if different, which it elects to use in Rhoo	
incorbousied ' or intitied', or an appleasation meteol'	ncorporation does not contain the word "corporation", "company", then list the name of the corporation with the addition of one of J LON PRODUCTIONS INC.
(b) If the corporate name is not available in Rhode Isla corporation will qualify and transact business in Rhode be filed with this application:	and, then set forth below the fictitious name under which the bland as stated in the "Fictitious Business Name Statement" to
4. The date of its incorporation is:	09-05-2006
And the period of its duration is: CHECK ONLY ONE Perpetual (on-going)	BOX
Date certain for dissolution	
5. The address of its principal office is:	
11333 Moorpark St. #441 Studio City, CA 9	1602

Form No. 150 Revised: 2016 FILED

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6. The name and addre	es of the initial registere	d agenVoffice of in Rh	rode Island:	
Agent Name DISCOVO	ry Production	ns , Inc		
Street Address (NOT a				
City/Town	I CDB ATT	State		Zip Code
Middle Town	^	RHODE IS	SLAND	02842
7. The purpose or purp	oses which it proposes (	to pursue in the transs	iction of busi	ness in Rhode Island are:
Entertain	mint Servi	ceS		
8. (a) The names and restate or country of which		its directors (optional,	unless direc	tors are required under the laws of the
NAME			ADDR	ESS
			······································	
				the box to Indicate an attachment.
8. (b) The names and relates of the state or cou	espective addresses of intry of which it is incorp	its principal officers (m orated):	andatory if c	ilrectors are not required under the
OFFICE	NAME		ADDRESS	
PRESIDENT	Jesse Plemons	1133	11333 Moorpark St. #441 Studio City, CA	
VICE PRESIDENT				91602
TREASURER				
SECRETARY				
			Check	the box to indicate an attachment.
9. The aggregate number without par value, and s	er of shares which it has eries, if any, within a cis	authority to issue; ite		sses, par value of shares, shares
NUMBER OF SHARES	CLASS	SERIES		PAR VALUE OR STATE NO PAR VALUE
10,000	· ·			No par value
<u> </u>			<del></del> -	- Callet
		<del></del>		

Form No. 150 Revised: 2018

10. (a) Estimate, in dollars, the value of all propiocated:	erty to be owned by the corporation for the	following year, wherever		
· 494,000				
(b) Estimate, in dollars, the value of the corporativesr:	ion's property to be located within Rhode la	land during the following		
\$ <u> </u>				
(c) Estimate, as a percentage, the proportion the within this state during the following year bears to following year, wherever located. Note: Divide (1	o the value of all property of the corporation	to he assert during the		
11. (e) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.				
<u>492,093</u>				
(b) Estimate, in dollars, the gross amount of busing Rhode letand during the following year.	ness to be transacted by the corporation at	or from places of business		
\$ 30,000				
(c) Estimate, as a percentage, the proportion of or from pisces of business in Rhade Island during be transacted by the corporation during the follow percentage.	i ilia foliculas vast compored te the e	management Management and the court with the court		
<ol> <li>This application must be accompanied by a C officer of the state or country under the laws of wi document.</li> </ol>	ertificate of Good Standing/Letter of Status nich it is incorporated that is dated within 60	issued by the proper days of the filing of this		
13. Date when the Certificate of Authority will be a	iffective: CHECK ONLY ONE BOX			
Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the day of filing)				
Under penelty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.				
ilgnature of Authorized Officer of the Corporation	Type or Print Name of Authorized Officer	Date		
5/min 1/1	Jesse Plemons	04/04/2016		
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if you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

Ferm No. 180 Revised: 2016

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

J LON PRODUCTIONS

FILE NUMBER: FORMATION DATE:

TYPE:

JURISDICTION:

STATUS:

C2926198

09/05/2006 DOMESTIC CORPORATION

CALIFORNIA

'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 April 05, 2016.

> ALEX PADILLA Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

