

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing 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:

2018 JUL 25	SECRETARY CORPORATION
amili: 03	ALC: STALE

The name of the corporation is:				
Ten2One Productions, Inc				
2. It is incorporated under the laws of: State of	State of California			
3. The name, if different, which it elects to use in Rh		·		
(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: 6-30-2017				
And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going)				
Date certain for dissolution				
5. The address of its principal office is:				
9200 W Sunset Blvd. Suite 600 Los Angeles CA 90069				
6. The name and address of the initial registered agent/office in Rhode Island:				
Agent Name Chad A Verdi				
Street Address (NOT a P.O. Box) 214 Main Street				
City/Town East Greenwich	State RHODE ISLAND	Zip Code 02818		

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 11:03 FILEDIP

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FORM 150 - Revised: 12/2017

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
Talent services in a motion picture film					
<u></u>		<u> </u>			
8. (a) The names and re state or country of which		its directors (op	otional, unless	directors are required under the laws of the	
NAME				ADDRESS	
Clive Stande	en 9200 W Sunse		Blvd. Suit	te 600 Los Angeles CA 90069	
				Check the box to indicate an attachment	
8. (b) The names and re of the state or country of	•	•	cers (mandato	ory if directors are not required under the laws	
OFFICE	NAME		<u> </u>	ADDRESS	
PRESIDENT	Clive Standen		9200 W Sunset Blvd. Suite 600 LA,CA 90069		
VICE PRESIDENT					
TREASURER					
SECRETARY					
				Check the box to indicate an attachment	
The aggregate number par value, and series, if		as authority to is	sue; itemized	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
1000	Common		·· <u> </u>	No Par Value	
				<u> </u>	
10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)					
0 %	·	-			
11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)					
%					

12. This application must be accompanied by a <u>Certificate of Goo</u> formation dated within 60 days of the date of this filing.	d Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECI	ONE BOX ONLY
☑ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from	n the date of filing)
Under penalty of perjury, I declare and affirm that I have examined accompanying attachments, and that all statements contained he	
Type or Print Name of Authorized Officer	Date
Clive Standen	20/May/2018
Signature of Authorized Officer of the Corporation	
SIGN DOCUMEN	NT HEAG

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

TEN2ONE PRODUCTIONS, INC.

FILE NUMBER:

C4040122 06/26/2017 FORMATION DATE:

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

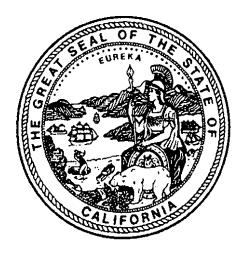
STATUS:

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 California.

No information is available from this office regarding the finate 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 May 11, 2018.

> **ALEX PADILLA** Secretary of State