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State of Rhode Island
Department of State - Business Services Division

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Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: $310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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:
FACE VALUE ENTERPRISES 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: 12/12/2003

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:
10424 LURLINE AVE CHATSWORTH, CA 91311

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name
CHAD VERDI, JR

Street Address (NOT a P.O. Box)
214 MAIN ST.

City/Town	State	Zip Code
EAST GREENWICH	RHODE ISLAND	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

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FORM 150- Revised 12/2023

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

WORKING ON A MOVIE

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS

Check the box to indicate an attachment ☐

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Jennifer Taylor	10424 LURLINE AVE CHATSWORTH, CA 91311
VICE PRESIDENT	"	"
TREASURER	"	"
SECRETARY	"	"

Check the box to indicate an attachment ☐

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
100	General		Ø

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.)*

Ø %

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.)*

3 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing)_____

14. *Under penalty 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.*

Type or Print Name of Authorized Officer	Date
Jennifer Taylor	2/21/24

Signature of Authorized Officer of the Corporation

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.

State of Rhode Island
Department of State - Business Services Division

License Fee Worksheet
for a Certificate of Authority by a Foreign Business Corporation

Section 7-1.2-1602 of the General Laws of Rhode Island, 1956, as amended

Use worksheet to calculate the corporation's license fee:	
1. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located: $ Ø	(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year: $ Ø
c) Estimate, **as a percentage**, the proportion that the estimated value of the property of the corporation to be located within Rhode Island during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located: *(Note: Divide (1b) by (1a) and multiply by 100 to obtain the percentage.)* Ø %	
2. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year: $0 and up $ Not able to estimate	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year: $ not able to estimate
(c) Estimate, **as a percentage**, 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: Divide (2b) by (2a) and multiply by 100 to obtain the percentage.)* 3 % Due to the nature of the industry This is a guess	

***This worksheet is NOT a public document and will NOT be imaged.**

MAIL TO:
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148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
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Secretary of State
Certificate of Status

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

Entity Name:	FACE VALUE ENTERPRISES, INC.
Entity No.:	2568127
Registration Date:	12/12/2003
Entity Type:	Stock Corporation - CA - General
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 February 21, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 184034932

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.

State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, 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:

February 22, 2024 11:03 AM

Gregg M. Amore
Secretary of State