

**State of Rhode Island  
Department of State - Business Services Division****Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
HEREDITARY PRODUCTIONS LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: FLORIDA		
3. The date of its organization is: 7/23/2018		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Chad Verdi Jr.		
Street Address (NOT a P.O. Box) 214 Main Street		
City/Town East Greenwich	State RHODE ISLAND	Zip Code 02818
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Film Production		
Check the box to indicate an attachment <input type="checkbox"/>		

**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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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

5914 Johnson Street, Hollywood, Florida 33021

8. The mailing address for the limited liability company is:

214 Main Street, East Greenwich, Rhode Island 02818

9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**



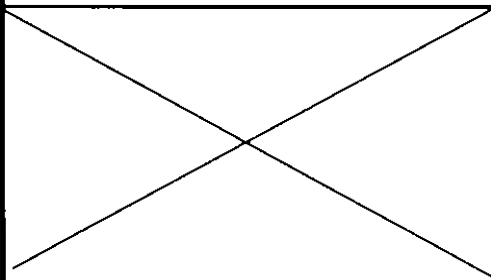
Members (Owners)

OR



Manager(s) Complete the chart below.

DO NOT complete the chart below.



MANAGER(S) NAME

ADDRESS

Check the box to indicate an attachment ☐

10. 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 filing.

11. Date when this application for Certificate of Registration 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) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of LLC

HEREDITARY PRODUCTIONS LLC

Date

6/18/2024

Signature of Authorized Person

**Stacey L. Dash**

# *State of Florida*

## *Department of State*

I certify from the records of this office that HEREDITARY PRODUCTIONS LLC is a limited liability company organized under the laws of the State of Florida, filed on July 23, 2018, effective July 23, 2018.

The document number of this limited liability company is L18000176619.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024, that its most recent annual report was filed on May 1, 2024, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Eighteenth day of June, 2024*



A handwritten signature in black ink, appearing to be "J. B. Scott", is written over a horizontal line.

*Secretary of State*

Tracking Number: 0718987486CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



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:

June 20, 2024 11:05 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

