



State of Rhode Island  
Department of State - Business Services Division

RI SOS  
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## Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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:

DanceOne Tours, LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No ☒

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: Delaware

3. The date of its organization is: 08/23/2023

And the period of its duration is: **CHECK ONE BOX ONLY**

☒ Perpetual (on-going)

Date certain for dissolution \_\_\_\_\_

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name C T Corporation System

Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A

City/Town East Providence

State **RHODE ISLAND**

Zip Code 02914

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

Dance Competitions and Conventions

Check the box to indicate an attachment

### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://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:

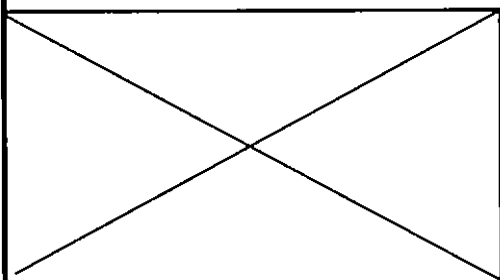
1521 Alton Rd., #127, Miami Beach, FL 33139

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

959 Seward St., Ste. 305, Los Angeles, CA 90038

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

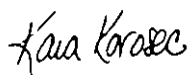
DanceOne Tours, LLC

Date

01/28/2025

Signature of Authorized Person

KARA KOROSEC, MEMBER



# Delaware

The First State

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I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DANCEONE TOURS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



A handwritten signature in black ink, appearing to read "Kristopher E. Knight".

Kristopher E. Knight, Acting Secretary of State

Authentication: 202796236

Date: 01-28-25

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SR# 20250280316

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



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 03, 2025 02:05 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

