M17000006976

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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17 AUG 14 PH 2: 18

17 AUG 14 AH II: 13 DIVISION OF CORPORATIONS

FILED

O SIIVIMONS AUG 15 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 765005 7879390

AUTHORIZATION

COST LIMIT

ORDER DATE : August 11, 2017

ORDER TIME : 12:57 PM

ORDER NO. : 765005-015

CUSTOMER NO: 7879390

FOREIGN FILINGS

NAME: MID-AMERICA SHOWS DELAWARE,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

Registration Section Division of Corporations

TO:

| | | Name of | Limited Liability (| Company | | |
|-----------------|---|---|---|-----------------------------|---|-----------------------------|
| The e Existe | nclosed "Application by Foreign ence, and check are submitted to | Limited Liability Compregister the above refere | oany for Authoriza enced foreign limit | tion to Tra ed liability | ansact Business in Florida," Co y company to transact business | ertificate o s in Florid |
| lease | e return all correspondence conc | erning this matter to the | following: | | | |
| | | | | | | |
| | | N: | ame of Person | | | |
| | | | | | | |
| | | Fi | rm/Company | | | |
| | | | | | | |
| | | | Address | | | |
| | | | | | | |
| | | City/S | tate and Zip Code | | | |
| | E- | mail address: (to be used | for future annual | report not | ification) | |
| or fu | urther information concerning thi | s matter, please call: | | | | |
| • | | | | | | |
| | Name of Co | ntact Person | _ at (Area Code | _) Day | time Telephone Number | |
| | MAILING ADDRESS: Division of Corporations Registration Section | | | Division | ADDRESS: of Corporations ion Section | |
| | P.O. Box 6327 Tallahassee, FL 32314 | | | | uilding cutive Center Circle ee, FL 32301 | |
| Enclo | sed is a check for the following a | | D \$155.00 ET | г о | Elekana Pili elekana | · . |
| | _ | \$130.00 Filing Fee & ertificate of Status | □ \$155.00 Filin Certified Copy | g Fee & | ☐ \$160.00 Filing Fee, Certi of Status & Certified Copy | ficate |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| | DOSINESS IN THE STATE OF FLORIDA: | · · · · · · · · · · · · · · · · · · · | REGISTER A FOREIGN LIMITED LIABILTI |
|--|--|--|--|
| 1 Mid-America Shows | Delaware LLC | | |
| (Name of Forei | gn Limited Liability Company; must include " | Limited Liability Company," "L.L.C." or | |
| | | | |
| Delaware | name adopted for the purpose of transacting business | s in Florida. The alternate name must include "Lit | nated Liability Company " "1 L C 7 - "1 L C 7 |
| 2. Detaware (Jurisdiction under the law of | which foreign limited liability company is organized) | 3. | many company. Elic, or elic. |
| | amen statetin mater hability company is organized) | | El number, if applicable) |
| 4. Upon filing | | | |
| | (Date first transacted business in Florida, if pa (See sections 605,0904 & 605,0905, F.S. to d | nor to registration.) | |
| 5. 109 South Main Street | t, P.O. Box 429 | | |
| (Street Address of | Principal Office) | 6. P.O. Box 429 | |
| Farmland, IN 47340 | | Farmland, IN 47340 | ng Address) |
| | <u> </u> | | |
| | | | <u></u> |
| Name and street addre | ss of Florida registered agent: (P.O. I | Box NOT goodstall | <u> </u> |
| Name: | Corporation Service Company | acceptable) | े जि |
| rvanje. | Corporation Service Company | | ip code) |
| Office Address: | 1201 Hays Street | | G. 37. |
| , | Tallahassec | | * = * * = * * * = * * = * * * * = * * * * * * * * * * * * * * * * * * * |
| | | , Florida 32301 | <u> </u> |
| egistered agent's accep | tance: gistered agent and to accept service of ion, I hereby accept the appointmen | (7. | ip code) |
| | ons of all statutes relative to the proposition of all statutes relative to the proposition as registered agent. Corporation Service Company | 1 | |
| · · | By: | 11/1/1/ | Melissa Zender |
| , | By: (Registered agen | Manual O | |
| . The name, title or capac | (Registered agen | | Asst. Vice President |
| The name, title or capacity: | (Registered agen | has/have authority to manage is/ar | Asst. Vice President |
| | (Registered agen bity and address of the person(s) who Name and Address: | | Asst. Vice President |
| The name, title or capacity: Sole member | ity and address of the person(s) who Name and Address: North American Midway | has/have authority to manage is/ar | Asst. Vice President |
| | city and address of the person(s) who Name and Address: North American Midway Entertainment LLC | has/have authority to manage is/ar Title or Capacity: | Asst. Vice President |
| | ity and address of the person(s) who Name and Address: North American Midway Entertainment LLC 109 S. Main St., P.O. Box 42 | has/have authority to manage is/ar Title or Capacity: | Asst. Vice President |
| | city and address of the person(s) who Name and Address: North American Midway Entertainment LLC | has/have authority to manage is/ar Title or Capacity: | Asst. Vice President |
| | ity and address of the person(s) who Name and Address: North American Midway Entertainment LLC 109 S. Main St., P.O. Box 42 | has/have authority to manage is/ar Title or Capacity: | Asst. Vice President |
| Sole member | ity and address of the person(s) who Name and Address: North American Midway Entertainment LLC 109 S. Main St., P.O. Box 42 Farmland, IN 47340 | has/have authority to manage is/ar Title or Capacity: | Asst. Vice President |
| Sole member | North American Midway Entertainment LLC 109 S. Main St., P.O. Box 42 Farmland, IN 47340 | has/have authority to manage is/ar Title or Capacity: | -Asst. Vice President e: Name and Address: |
| Sole member se attachments if necessar | North American Midway Entertainment LLC 109 S. Main St., P.O. Box 42 Farmland, IN 47340 | has/have authority to manage is/ar Title or Capacity: | -Asst. Vice President e: Name and Address: |
| Sole member se attachments if necessar | North American Midway Entertainment LLC 109 S. Main St., P.O. Box 42 Farmland, IN 47340 | has/have authority to manage is/ar Title or Capacity: | -Asst. Vice President e: Name and Address: |
| Sole member Jse attachments if necessar Attached is a certificate of isdiction under the law of the translator must be subject to the subje | ity and address of the person(s) who Name and Address: North American Midway Entertainment LLC 109 S. Main St., P.O. Box 42 Farmland, IN 47340 ry) existence, no more than 90 days old, which it is organized. (If the certifican itted) | has/have authority to manage is/ar Title or Capacity: | -Asst. Vice President e: Name and Address: |
| Sole member Jse attachments if necessar Attached is a certificate of isdiction under the law of the translator must be substituted in the substitute of the translator must be substituted in the substitute of the translator must be substituted in the substitute of the substitute o | North American Midway Entertainment LLC 109 S. Main St., P.O. Box 42 Farmland, IN 47340 ry) (existence, no more than 90 days old, which it is organized. (If the certifical mitted) | has/have authority to manage is/ar Title or Capacity: 29 duly authenticated by the official to is in a foreign language, a transl | Asst. Vice President c: Name and Address: having custody of records in the ation of the certificate under oath |
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| Sole member Jse attachments if necessar Attached is a certificate of isdiction under the law of the translator must be substituted in the substitute of the translator must be substituted in the substitute of the translator must be substituted in the substitute of the substitute o | North American Midway Entertainment LLC 109 S. Main St., P.O. Box 42 Farmland, IN 47340 ry) (existence, no more than 90 days old, which it is organized. (If the certifical mitted) | has/have authority to manage is/ar Title or Capacity: 29 duly authenticated by the official to is in a foreign language, a transl | Asst. Vice President c: Name and Address: having custody of records in the ation of the certificate under oath |
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| Sole member See attachments if necessar Attached is a certificate of sdiction under the law of the translator must be substituted to the substitute of the translator must be substituted to the translator must be substitu | North American Midway Entertainment LLC 109 S. Main St., P.O. Box 42 Farmland, IN 47340 Texistence, no more than 90 days old, which it is organized. (If the certifical mitted) d in accordance with section 65 5,020 to Department of State continuous a the continuous at the conti | has/have authority to manage is/ar Title or Capacity: 29 duly authenticated by the official to is in a foreign language, a transl | Asst. Vice President c: Name and Address: having custody of records in the ation of the certificate under oath |
| Sole member Ise attachments if necessar Attached is a certificate of isdiction under the law of the translator must be substituted in the substitute of the translator must be substituted in the substitute of the translator must be substituted in the translat | Parmland, IN 47340 Texistence, no more than 90 days old, which it is organized. (If the certifical mitted) d in accordance with section 615,020 is Department of State continues a the parameters. | has/have authority to manage is/ar Title or Capacity: 29 duly authenticated by the official te is in a foreign language, a translate is in a foreign language. I am away degree telony as provided for it | Asst. Vice President c: Name and Address: having custody of records in the ation of the certificate under oath |



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MID-AMERICA SHOWS DELAWARE, 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 ELEVENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MID-AMERICA SHOWS DELAWARE, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2005.

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

Authentication: 203047913

Date: 08-11-17