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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 MAY -4 AM 4:08
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wise Owl Exhibits, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Terri Creasy
Name of Person

Wise Owl Exhibits, LLC
Firm/Company

3751 E 150 S
Address

Tipton, IN 46072
City/State and Zip Code

terri@wiseowlproductions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terri Creasy at (765) 681-6011
Name of Contact Person Area Code Daytime Telephone Number
OR 317 - 443 - 7091
Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Wise Owl Exhibits, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Wise Owl Productions, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. State of Indiana

(Jurisdiction under the law of which foreign limited liability company is organized)

27-4516524

3. (FEI number, if applicable)

3/1/2020 Lease signed/ No jobs completed in new office yet.

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

3751 E 150 S

5. (Street Address of Principal Office)

Tipton, IN 46072

3751 E. 150 S

6. (Mailing Address)

Tipton IN 46072

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Frank Lasley

Office Address: 4388 SW 36th Street

Orlando

(City)

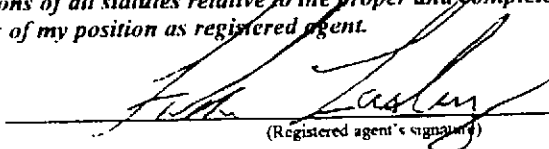
Florida

32811

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with
and accept the obligations of my position as registered agent.


(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Patrick Lancaster
<input type="checkbox"/> Member	Address: 3745 E 150 S
<input type="checkbox"/> Authorized	Tipton, IN 46072
Person	
<input checked="" type="checkbox"/> Other Owner	<input type="checkbox"/> Other

☒ Manager Name: Frank Lasby

☐ Member Address: 12816 Austin Cove Ct.

☐ Authorized Clermont, FL 34711

Person _____

☐ Other ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Terri Creasy
<input type="checkbox"/> Member	Address: 3751 E 150 S
<input type="checkbox"/> Authorized	Tipton IN 46072
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other CEO ☒ Other 20

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Terri S. Creasy

Typed or printed name of signee

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

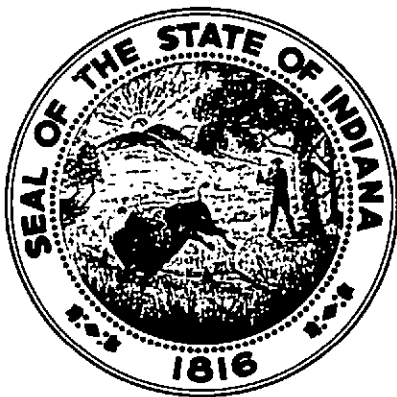
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

WISE OWL EXHIBITS LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 27, 2011, and was in existence or authorized to transact business in the State of Indiana on April 28, 2020.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 28, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2011092700621 / 20201407475

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on May 28, 2020.