F14000005482

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|---|--|--|--|--|
| (Requestor's Name) | | | | |
| (Address) | | | | |
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| (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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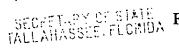
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2014

MARK L. MERCER FERRIS WHEEL, INC. 1109 GROVELAND AVE. VENICE, FL 34285

SUBJECT: FERRIS WHEEL, INC. Ref. Number: W14000074105

We have received your document for FERRIS WHEEL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is I11000004338 (THE FERRIS WHEELS LLC).

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 605.0905, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 605.0904(7), F.S., this office is required to collect a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang

Regulatory Specialist II New Filing Section Letter Number: 014A00026315

COVER LETTER

| TO: New Filis Division | | | | | |
|---|-----------|---|------------|--|---|
| SUBJECT: | F | Erris Wh | ect. | Inc. | |
| | | Name of c | orporati | Inc. ion - must include suffix | |
| Dear Sir or Mada | m: | | | | |
| "Certificate of Ex | istence,' | | Good S | for Authorization to Transa standing" and check are sub iness in Florida. | |
| Please return all | orrespor | dence concerning | this ma | tter to the following: | |
| | V | Mark L. W | 1000 | e / | |
| | • | Mark L. M | Name | of Person | |
| | | | | | |
| | <u> </u> | ferris who | Firm/C | ompany | |
| | " | 09 Gravel | and | Ave | |
| | | - / 0.0707 | Ad | ldress | |
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| ML | MQV | Mercer hom | esal | lutions.com | |
| | | E-mail address: (to | o be use | ed for future annual report | notification) |
| | | ncerning this matte | | | |
| Mark L | . Me | rce/ at i | ~ ~ | 3 31-3576 | |
| Name of | | ui (| | ea Code & Daytime Teleph | |
| | | | | | |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| | | e following amoun | t: | | |
| , | | - | | | |
| \$70.00 Filing | Fee | □ \$78.75 Filing Fo Certificate of S | | □ \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

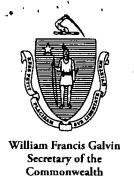
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. Ferris Wheel, Inc. |
|---|
| (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," |
| "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") |
| |
| Florida Ferris wheel Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) |
| (If name unavailable in Florida, enter alternate cornorate name adopted for the purpose of transacting business in Florida) |
| |
| 2. Massachusetts (State or country under the law of which it is incorporated) 3. 8/- 0565558 (FEI number, if applicable) |
| (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| 4. 4/19/2002 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") |
| |
| 6. January 1, 2015 or upon Qualification |
| (Date first transacted business in Florida, if prior to registration) |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) |
| 7. 1109 Groveland Ave Venice FL 34285 (Principal office address) 1109 Groveland Ave Venice, FL 34285 (Current mailing address) |
| (Principal office address) |
| 1109 Groveland Ave Venice, FL 34285 |
| (Current mailing address) |
| |
| 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) |
| ~ N F |
| Name: Mark L. Mercer |
| Office Address: 1109 Groveland Ave |
| Office Address |
| Venice . Florida 34285 |
| Venice , Florida 34285 (City) (Zip code) |
| |
| 9. Registered agent's acceptance: |
| Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. |
| 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. |
| · · · · · · · · · · · · · · · · · · · |
| |
| muzm- |
| (Registered agent's signature) |

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

| 11. Names and business addresses of officers and/or directors: | |
|--|-----------------------------|
| A. DIRECTORS | • |
| Chairman: | |
| Address: | |
| | · |
| Vice Chairman: | |
| Address: | |
| | |
| Director: Mark L. Mercer | |
| Address: 1109 Groveland Ave Venice FL 34285 | - |
| | |
| Director: | |
| Address: | |
| · | 75 6 <u>11</u> |
| B. OFFICERS | |
| President: Mark h. Mercer | · |
| Address: 1109 Groveland Are Venice, FL 34285 | 27 34 |
| | |
| Vice President: | |
| Address: | |
| | |
| Secretary: Mark L. Mercer | |
| Address: 1109 Groveland Are Venice FL 34285 | |
| Treasurer: Mark L. Meccer | |
| Address: 1109 Groveland Arc Vinice FL 34285 | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officer | s and/or directors. |
| 12 | |
| Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms the | and the facts stated herein |
| are true and that he or she is aware that false information submitted in a document to the Depa a third degree felony as provided for in s.817.155, F.S. | |
| 13. Mark L. Mercer | |

(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts Secretary of the Commonwealth State House. Boston, Massachusetts 02188

Date: December 03, 2014

To Whom It May Concern:

I hereby certify that,

FERRIS WHEEL, INC.

appears by the records of this office to have been incorporated under the General Laws of this

Commonwealth on April 19, 2002.

I also certify that so far as appears of record here, said corporation still has legal existence:



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Certificate Number: 14120631330

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: ach