

F1900000999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **February 27, 2019**

Account#: I200000000088

Name: **KEN HOWELL**

Reference #: **1047880**

Entity Name: **BIG EYE TOURING, INC.**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

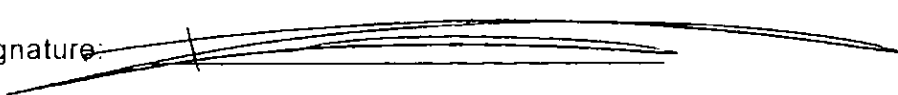
☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **** CERTIFIED COPY UPON FILING ****

**ISSUES? CALL
KEN:
518-213-0738**

Authorized Amount: **\$78.75**

Signature: 

**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. BIG EYE TOURING, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. CALIFORNIA, USA 3. 83-3371323
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JANUARY 18, 2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3130 Wilshire Blvd., Ste. 600, Santa Monica, CA 90403
(Principal office address)

(Current mailing address, if different)

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

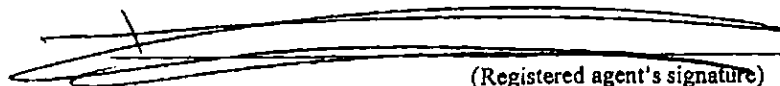
Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(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. 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)

ASST. SECRETARY

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TALLAHASSEE, FLORIDA

1. 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.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____ Brandon Boyd _____

Address: _____ 3130 Wilshire Blvd., Ste. 600, _____
_____ Santa Monica, CA 90403 _____

Vice Chairman: _____ Jose Pasillas, II _____

Address: _____ 3130 Wilshire Blvd., Ste. 600, _____
_____ Santa Monica, CA 90403 _____

Director: _____ Michael Einziger _____

Address: _____ 3130 Wilshire Blvd., Ste. 600, _____
_____ Santa Monica, CA 90403 _____

Director: _____ Christopher Kilmore _____

Address: _____ 3130 Wilshire Blvd., Ste. 600, _____
_____ Santa Monica, CA 90403 _____

B. OFFICERS

President: _____ Brandon Boyd _____

Address: _____ 3130 Wilshire Blvd., Ste. 600, _____
_____ Santa Monica, CA 90403 _____

Vice President: _____

Address: _____

Secretary: _____ Michael Einziger _____

Address: _____ 3130 Wilshire Blvd., Ste. 600, Santa Monica, CA 90403 _____

Treasurer: _____ Jose Pasillas, II _____

Address: _____ 3130 Wilshire Blvd., Ste. 600, Santa Monica, CA 90403 _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. _____ Michael Einziger, Secretary _____

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

State of Florida
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

BIG EYE TOURING, INC.
Addendum

B. OFFICERS:

Title	Name	Mailing address	City	State	ZIP code
Assistant Secretary	Christopher Kilmore	3130 Wilshire Blvd., Ste. 600	Santa Monica	CA	90403

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TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

BIG EYE TOURING, INC.

FILE NUMBER: C4239189
FORMATION DATE: 01/18/2019
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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TALLAHASSEE, FLORIDA

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of February 19, 2019.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State