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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

GAIL S. ANDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KA NTOR & REED, P.A.

Account Number : 072720000036 Phone : (407)843-4600

Fax Number : (407)843-4444

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

PLEASE ARRANGE FILING OF THE ATTACHED APPLICATION TO TRANSACT BUSINESS AND CONSENT OF USE OF NAME, AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

Foreign Limited Liability Company ORLANDO SLINGSHOT, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$155.00 |

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Corporate Filing Menu

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TELEMER SED 0 6 5013

CONSENT TO USE OF CORPORATE NAME

I, Brian Mirfin, President of Orlando Slingshot, Inc., a corporation organized under the laws of the State of Florida under document number P03000107048 (the "Corporation"), hereby consent to the use of the corporate name, ORLANDO SLINGSHOT, LLC, a Delaware limited liability company (the "Company") for the purpose of qualifying the Company in the State of Florida.

Dated: August 30, 2013

ORLANDO SLINGSHOT, INC., a Florida corporation

Brian Mirfin Presiden

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

| Orlando Slingshot, LLC (Name of Foreign Limited Liability Company; must include | e "Limited Liability Company," "L.L.C." or "LLC.") | _ |
|---|---|----------------|
| | | |
| If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.") | e of transacting business in Florida and sitsch a copy of the nate name. The alternate name must include "Limited Liabili | written ity |
| Delaware 3 | . n/a | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) | _ |
| 7/8/2013 _{5.} | perpetual | |
| (Date of Organization) | (Duration: Year limited liability company will cease to exist or "perpetual") | - |
| Upon qualification | | |
| (Date first transacted business in Flor (See sections 608.501 & 608.502 F.S.) | ida, If prior to registration.) to determine penalty liability) | • |
| 7001 International Drive, Orlando, Fl | • | |
| | | ್ |
| (Street Address o | Principal Office) | - SEP |
| . If limited liability company is a manager-managed c | company, oheck here | ហំ |
| . The name and usual business addresses of the mana | ging members or managers are as follows: 📆 🐺 | 7 |
| Brian Mirfin, 7001 international Drive | a, Orlando, Florida 32819 | Oe Ele |
| Jodie Ryan, 7001 International Drive | , Orlandø, Florida 32819 | 26 |
| | | <u>-</u> |
| Attached is an original certificate of existence, no more than 90 departments of the continuous department of the translator must be submarkation of the certificate under each of the translator must be submarkation. | vis not acceptable. If the certificate is in a foreign language, a nitted.) | |
| Nature of business or purposes to be conducted or p | promoted in Florida: Amusement rides | • |
| Signature of a member or an auth | orized representative of a member. | |
| (In secondance with section 608.408(3), P.S., the execut penalties of perjury that the facts stated herein are true, document to the Department of State constitutes a | tion of this document constitutes an affirmation under the 1 am aware that any false information submitted in a 1 third degree felony as provided for in s.817.155, F.S.) | |
| Brian Mirfin | | |

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| If unavailable, the alternate to be used in t | the state of Florida is: | |
|---|--|---------------------|
| 2. The name and the Florida street address | is of the registered agent and office are: | |
| Brian Mirfin | | el - |
| | (Name) | - 350 - |
| 7001 Internation | onal Drive | |
| Florida Street A | Address (P.O. Box NOT ACCEPTABLE) | |
| Orlando | _{PL} 32819 | ्रीके जा विकास |
| • | City/State/Zip | |
| Having been named as registered agent an | d to accept service of process for the abo | ve stated limited 5 |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

TSlotishire)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

DACE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ORLANDO SLINGSHOT, 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-NINTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORLANDO SLINGSHOT, LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

13 SEP -5 AM 8: 26
SECHLANASSEE, FLORIDA

5362721 8300

131039456

You may verify this certificate online

Jeffrey W. Bullock, Secretary of State

UTHENTICATION: 0701080

DATE: 08-29-13