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# Borda Department of Solvision of Corporations

Electronic Filing Cover Sheet

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RECEIVEL	3 DEC -5 AM 9	SECRETARY OF SA TALLAHASSEE, FLO	To:	Division of Corporations Fax Number : (850)617-6383  Account Name : LOWNDES, DROSDICK, DOSTER, Account Number : 072720000036 Phone : (407)843-4600 Fax Number : (407)843-4444	SSEE, FLORIDAY KANTOR	-5 AN 7:

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

Email Address: Kissi nince slingshot @homil.com

### Foreign Limited Liability Company Extreme Amusement Rides, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

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1 of 1

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H13000266700 3

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUT. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH			R A FOR	EIGN	
1. Extreme Amusement Rides, LLC	127				
(Name of Foreign Limited Liability Company; must inclu	ude	"Limited Liability Company," "L.L.C.," or "LLC."	7		
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "L.L.C," "LLC.")					
2. Delaware	3		_,		
(Jurisdiction under the law of which foreign limited liability company is organized)	٠,	(FEI number, if applicable)		<u>ದ</u>	
4. July 8, 2013	5.	perpetual		333	
(Date of Organization)		(Duration: Year limited liability company will ce exist or "perpetual")	asc to:	Ġ	í
6. Upon qualification			int c		i
(Date first transacted business in Fi (See sections 608.501 & 608.502 F.S	lor S. t	ida, if prior to registration.) o determine penalty liability)	다. 다.	. <b>3</b>	1
<sub>7.</sub> 6130 Edgewater Drive, Suite A, Orla			書品	7։ կ	
				ည	
(Street Address	9 0	f Principal Office)			
8. If limited liability company is a manager-managed	d c	ompany, check here			
9. The name and usual business addresses of the mar	na	ging members or managers are as follows:			
Brian Mirfin, 6130 Edgewater Drive	€,	Suite A, Orlando, Florida 32810	00		
Ritchie Armstrong, 6130 Edgewater	D	rive, Suite A, Orlando, Florida 3:	2810		
10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photocomulation of the certificate under certific free translation must be su	OD	y is not acceptable. If the certificate is in a foreign lang		ordsin	
11. Nature of business or purposes to be conducted of	or	promoted in Florida:			
Amusement rides					
Signature of a member of an a	ut	horized representative of a member.			
(In accordance with section 608.408(3), F.S., the ext	ucu	tion of this document constitutes an affirmation under the	,		
penalties of perjury that the facts stated herein are to document to the Department of State constitute	true Jes	<ul> <li>I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F</li> </ul>	a '.S.)		
Brian Mirfin	_		=		
m 1	_1				

Typed or printed name of signee

H13000266700 3

# 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.

The name of the Limited Liability Company is:  Extreme Amusement Rides, LLC	·
If unavailable, the alternate to be used in the state of Piorida is:	
2. The name and the Florida street address of the registered agent and office are:	13 DE
Brian Mirfin	
(Name)	
6130 Edgewater Drive, Suite A	一 温の 登 日
Florida Street Address (P.O. Box NOT ACCEPTABLE)	7: 4 FATE JORIDA
Orlando <sub>FL</sub> 32810	49 -
City/State/Zip	

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.

(Signature)

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

Page

H13000266700 3

# Delaware

PAGE 1

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## The First State

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

DELAWARE, DO HEREBY CERTIFY "EXTREME AMUSEMENT RIDES, 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 FOURTH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXTREME"

AMUSEMENT RIDES, 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 DEC -5 MM 7: 49

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You may verify this certificate online at corp. delaware.gov/authver.shtml

jeffrey W. Bullock, Secretary of State

UTHENTICATION: 0947184

DATE: 12-04-13

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