

M23000005835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

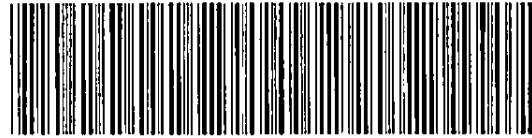
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Instructions to Filing Officer.

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2023 MAY -4 PM 2:06

FILED



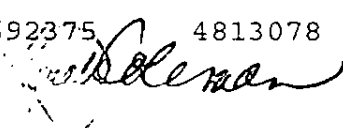
2023 MAY -4 PM 3:25

MAY 05 2023

C. Brumley

FILE 2ND

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 692375 4813078  
AUTHORIZATION :   
COST LIMIT : \$ 125.00

-----  
ORDER DATE : April 21, 2023

ORDER TIME : 1:50 PM

ORDER NO. : 692375-040

CUSTOMER NO: 4813078  
-----

FOREIGN FILINGS

NAME: DISNEY PARKS, EXPERIENCES AND  
PRODUCTS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_



# The Walt Disney Company

Office of the Corporate Secretary

April 27, 2023

Qualification Filing  
P.O. Box 6327  
Tallahassee, Florida 32314-1300

RE: Authorization to use name Disney in Qualification of Disney Parks,  
Experiences and Products, LLC

To Whom It May Concern:

As Vice President of Governance Administration and Assistant Secretary of The Walt Disney Company (the "Company"), I authorize and approve on behalf of the Company, Disney Parks, Experiences and Products, LLC's request to use Disney in their qualification filing and that they are authorized by the Company to transact business in the state of Florida under the name, Disney Parks, Experiences and Products, LLC.

If you have any questions, please don't hesitate to contact the Company's Corporate Secretary's office at [Corp.Secretary@disney.com](mailto:Corp.Secretary@disney.com).

Regards,

A handwritten signature in cursive script, reading "Chakira H. Gavazzi".

Chakira H. Gavazzi  
Vice President of Governance Administration & Assistant Secretary

2023 MAY -4 PM 2:06  
FILED

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. DISNEY PARKS, EXPERIENCES AND PRODUCTS, LLC

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

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

3. 26-3381284

(FEI number, if applicable)

4. ON REGISTRATION

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

5. 500 SOUTH BUENA VISTA STREET

(Street Address of Principal Office)

6. 500 SOUTH BUENA VISTA STREET

(Mailing Address)

BURBANK, CA 91521

BURBANK, CA 91521

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

Name:

CORPORATION SERVICE COMPANY

Office Address:

1201 HAYS STREET

TALLAHASSEE

(City)

Florida

32301

(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.

Alexis Weiland-Sorenson, ACP

(Registered agent's signature)

2023 MAY -4 PM 2:06

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]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Disney Worldwide Services, Inc.

☒ Member Address: 500 S. BUENA VISTA ST

☐ Authorized BURBANK, CA 91521

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Joshua D'Amaro

☐ Member Address: 500 S. BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other Chairman ☐ Other \_\_\_\_\_

☐ Manager Name: Jill Estorino

☐ Member Address: 500 S. BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other President ☐ Other \_\_\_\_\_

☐ Manager Name: Tasia Filippatos

☐ Member Address: 500 S. BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other President ☐ Other \_\_\_\_\_

☐ Manager Name: Thomas Mazloun

☐ Member Address: 500 S. BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other President ☐ Other \_\_\_\_\_

☐ Manager Name: Kenneth M. Potrock

☐ Member Address: 500 S. BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

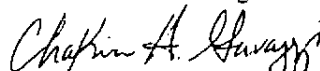
Person \_\_\_\_\_

☒ Other President ☐ 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

Chakira H. Gavazzi

Typed or printed name of signee

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]:

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Jeffrey N. Vahle

☐ Member                      Address: 500 S. BUENA VISTA ST

☒ Authorized                      BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other President                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Robert W. Weis

☐ Member                      Address: 500 S. BUENA VISTA ST

☒ Authorized                      BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other President                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Kevin A. Lansberry

☐ Member                      Address: 500 S. BUENA VISTA ST

☒ Authorized                      BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other EVP & CFO                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Tami L. Garcia

☐ Member                      Address: 500 S. BUENA VISTA ST

☒ Authorized                      BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other Senior VP                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Alannah C. Hall-Smith

☐ Member                      Address: 500 S. BUENA VISTA ST

☒ Authorized                      BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other Senior VP                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Andrew M. Hopkins

☐ Member                      Address: 500 S. BUENA VISTA ST

☒ Authorized                      BURBANK, CA 91521

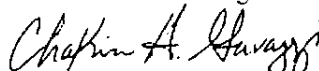
Person \_\_\_\_\_

☒ Other Senior VP                      ☐ Other \_\_\_\_\_

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\_\_\_\_\_  
Signature of an authorized person

Chakira H. Gavazzi

\_\_\_\_\_  
Typed or printed name of signer

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]:

**Title or Capacity:**                      **Name and Address:**

☐ Manager              Name: Terri A. Schultz

☐ Member              Address: 500 S. BUENA VISTA ST

☒ Authorized              BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other Senior VP              ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager              Name: Douglas S. McGuire

☐ Member              Address: 500 S. BUENA VISTA ST

☒ Authorized              BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other Vice President              ☐ Other \_\_\_\_\_

☐ Manager              Name: Paul J. Richardson

☐ Member              Address: 500 S. BUENA VISTA ST

☒ Authorized              BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other Vice President              ☐ Other \_\_\_\_\_

☐ Manager              Name: John A. Stowell

☐ Member              Address: 500 S. BUENA VISTA ST

☒ Authorized              BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other Vice President              ☐ Other \_\_\_\_\_

☐ Manager              Name: Carlos A. Gomez

☐ Member              Address: 500 S. BUENA VISTA ST

☒ Authorized              BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other Treasurer              ☐ Other \_\_\_\_\_

☐ Manager              Name: Chakira H. Gavazzi

☐ Member              Address: 500 S. BUENA VISTA ST

☒ Authorized              BURBANK, CA 91521

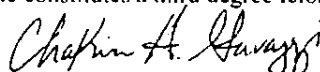
Person \_\_\_\_\_

☒ Other Secretary              ☐ Other \_\_\_\_\_

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Signature of an authorized person

Chakira H. Gavazzi

Typed or printed name of signee

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**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Daniel F. Grossman

☐ Member                      Address: 500 S. BUENA VISTA ST

☒ Authorized                      BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other Asst Treasurer                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Michael Salama

☐ Member                      Address: 500 S. BUENA VISTA ST

☒ Authorized                      BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other Asst Secretary                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Aaron H. Solomon

☐ Member                      Address: 500 S. BUENA VISTA ST

☒ Authorized                      BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other Asst Secretary                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Shanna L. Steed

☐ Member                      Address: 500 S. BUENA VISTA ST

☒ Authorized                      BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other Asst Secretary                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Lee R. Young

☐ Member                      Address: 500 S. BUENA VISTA ST

☒ Authorized                      BURBANK, CA 91521

Person \_\_\_\_\_

☒ Other Asst Secretary                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☒ Authorized                      \_\_\_\_\_

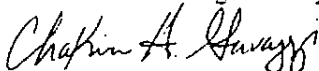
Person \_\_\_\_\_

☒ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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Signature of an authorized person

Chakira H. Gavazzi

Typed or printed name of signer





## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** DISNEY PARKS, EXPERIENCES AND PRODUCTS, LLC  
**Entity No.:** 3161627  
**Registration Date:** 09/16/2008  
**Entity Type:** Limited Liability Company - CA  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 April 24, 2023.

**SHIRLEY N. WEBER, PH.D.**  
Secretary of State

**Certificate No.:** 102572520

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).