

M23000005836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

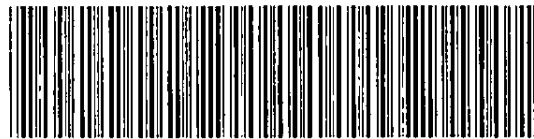
(Document Number)

Copies _____

Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



900407899699

2023 MAY -4 PM 2:12

2023 MAY -4 PM 3:26

MAY 05 2023
K. Brumby

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 : 1:51 PM

ORDER NO. : 692375-045

CUSTOMER NO: 4813078

FOREIGN FILINGS

NAME: WALT DISNEY PARKS AND RESORTS
ONLINE, 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 Walt Disney Parks and Resorts Online, 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, Walt Disney Parks and Resorts Online, 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, Walt Disney Parks and Resorts Online, LLC.

If you have any questions, please don't hesitate to contact the Company's Corporate Secretary's office at 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 2:12

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. WALT DISNEY PARKS AND RESORTS ONLINE, 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 26-3381284
(Jurisdiction under the law of which foreign limited liability company is organized) (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 500 SOUTH BUENA VISTA STREET
(Street Address of Principal Office) (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 32301
(City) , Florida (Zip code)

2003 MAY -4 PM 2:12

FILED

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-Brenson, ACP

(Registered agent's signature)

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 _____

☐ Manager Name: Michael P. White

☐ Member Address: 500 S. BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Senior VP ☐ Other _____

☐ Manager Name: Gary B. Daniels

☐ Member Address: 500 S. BUENA VISTA

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Vice President ☐ 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 President ☐ Other _____

☐ Manager Name: Naveen Baweja

☐ Member Address: 500 S. BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Rodney J. Russell

☐ Member Address: 500 S. BUENA VISTA

☒ Authorized BURBANK, CA 91521

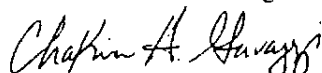
Person _____

☒ Other Vice 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 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: Daniel Soto

☐ Member Address: 500 S. BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Chakira H. Gavazzi

☐ Member Address: 500 S. BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Secretary ☐ Other _____

☐ Manager Name: Daniel F. Grossman

☐ Member Address: 500 S. BUENA VISTA

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Asst Treasurer ☐ Other _____

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

☐ 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: Michael Salama

☐ Member Address: 500 S. BUENA VISTA

☒ Authorized BURBANK, CA 91521

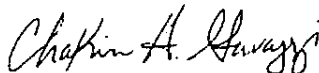
Person _____

☒ Other Asst Secretary ☐ 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: Aaron H. Solomon

☐ Member Address: 500 S. BUENA VISTA ST

☒ Authorized BURBANK, CA 91521

Person _____

☒ Other Asst Secretary ☐ Other _____

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

☐ 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 _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

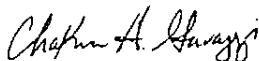
Person _____

☐ Other _____ ☐ 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 signer



Secretary of State Certificate of Status

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

Entity Name: WALT DISNEY PARKS AND RESORTS ONLINE, LLC
Entity No.: 2358319
Registration Date: 09/14/2001
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.: 102573320

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.