

M23 000006171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

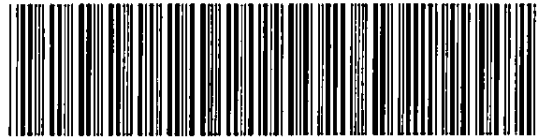
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/12/23--01014--005 **125.00

2023 APR 12 PM 3:54
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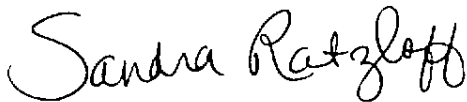
April 6, 2023

New Filing section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Attached is my application to register our business in the state of Florida. If you have any questions, please contact me at 785-313-4756.

Thank you,

A handwritten signature in black ink that reads "Sandra Ratzloff". The signature is written in a cursive, flowing style.

Sandy Ratzloff
Office Manager
Celebration Fireworks LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Celebration Fireworks LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sandra Ratzloff

Name of Person

Celebration Fireworks LLC

Firm/Company

3913 Barbara Lane

Address

Manhattan, KS 66503

City/State and Zip Code

sratzloff@Celebratefireworks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandy Ratzloff

785
at ()

313-4756

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. Celebration Fireworks LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

BKR Fireworks LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

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

3. 81-3593482
(FEI number, if applicable)

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

5. Celebration Fireworks LLC
(Street Address of Principal Office)

3913 Barbara Lane

Manhattan, KS 66503

6. Celebration Fireworks LLC
(Mailing Address)

3913 Barbara Lane

Manhattan, KS 66503

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

Name: Brandon Ratzloff

Office Address: 3528 NW 13th Ave

Gainesville, Florida 32605
(City) (Zip code)

2023 APR 12 PM 3:54

NOTED
AND
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.

Brandon Ratzloff

(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: Brandon Ratzloff

☐ Member Address: 3528 NW 13th Ave

☐ Authorized Gainesville FL 32605

Person _____

☒ Other **AMBR** ☐ Other _____

Manager Name: Sandra Ratzloff

☐ Member Address: 3913 Barbara Lane

Authorized Manhattan, KS 66503

Person Sandy Ratzloff

☒ Other **AMBR** ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

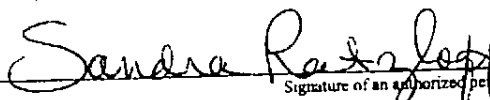
Person _____

☐ 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

Typed or printed name of signer

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 8312324

Entity Name: CELEBRATION FIREWORKS L.L.C.

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on June 02, 2016, and is in good standing, having fully complied with all requirements of this office.

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



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of May 03, 2023

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1263488 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.