(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100412798101

97/28/23--01014--019 \*\*180.00

08/21/23--01014--026 \*\*638.75

2023 AUG 22 AM 8: 36 SECRETARY OF STATE TALLAHASSEF PATE

W23-105238



August 2, 2023

JAMES R. MCILWAIN P.O. BOX 66338 BATON ROUGE, LA 70896 US

SUBJECT: SKYHIGH MURALS - COLOSSAL MEDIA, LLC

Ref. Number: W23000105238

We have received your document for SKYHIGH MURALS - COLOSSAL MEDIA, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 223A00017401

Ariel Jones Regulatory Specialist II

www.sunbiz.org

# COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Skyhigh Murals - Colossal Media, LLC	
		ne of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please r	return all correspondence concerning this matter t	to the following:
	James R. McIlwain	
		Name of Person
		Firm Company
	P.O. Box 66338	
		Address
	Baton Rouge, LA 70896	
	-	lity: State and Zip Code
	jim.meilwain@lamar.com	
	E-mail address: (to b	e used for future annual report notification)
For furt	her information concerning this matter, please ca	ill:
	Scarlet Faulk	225 382-3487 at ( )
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations		Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	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 DEI  \$\Begin{array}{c} \text{S125.00 Filing Fee} \text{\$\Begin{array}{c} \text{S130.00 Filing Fee} \$\Certificate \circ \text{Certificate \circ \text{Certif	re & 🔲 \$155.00 Filing Fee & 💢 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION (05/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRAINSACT BUSINESS IN THE STATE OF FLORIDA:

Skyhigh Murals - Colos (Name of Foreign I	imited Liability Company; must include "Limited	d Liability	Company," "L.I.C., or "LI.C.")	
	nne adopted for the purpose of transacting business in Fl	lacida Ila	sterrate name must melude "Limited Liability	Company""L.L.C." or "LLC.")
f name unavailable, enter alternate n	ime adopted for the purpose of transacting business in ri	ionas iik	RECTURE INTO THE STATE LANGE CANALO CONTINUE	, ( , , , , , , , , , , , , , , , , , ,
New York		2	20-1513312	
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)	,1,	(FEI number, if	applicable)
December 1, 2022				
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration	liability)	_
5321 Corporate Blvd.		_	5321 Corporate Blvd.	
Sueer Address of Principal Office)		6.	(Mailing Address)	
Baton Rouge, LA 7080	8		Baton Rouge, LA 70808	
	-			
-				
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT .	acceptable)	2023 SEC TA
Name:	Capitol Corporate Services, Inc.			2023 AUG 22 SECRETARY TALL AHAS
Office Address:	515 East Park Avenue, 2nd Floor		<del></del>	2 AH ASSEE
	Tallahassee		32301 , Florida	1 5 5 E
	(Circ)	_	(Zip code)	36  -  -

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.

ASSING (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:	Title or Capacity:	Name and Address:
□Manager	Name: Lamar Media Corp.	■Manager	Name: Jay L. Johnson
■Member	Address: 5321 Corporate Blvd.	□Member	Address: 5321 Corporate Blvd.
□Authorized	Baton Rouge, LA 70808	□Authorized	Baton Rouge, LA 70808
Person		Person	
□Other	Other	□Other	□()ther
■Manager	Name: Kevin P. Reilly, Jr.	■Manager	Name: Sean Reilly
□Member	Address: 5321 Corporate Blvd.	□Member	Address: 5321 Corporate Blvd.
□Authorized	Baton Rouge, LA 70808	□Authorized	Baton Rouge, LA 70808
Person		Person	
□Other	Other	□ Other	□ Other
■Manager	Name: Lee C. Kantrow, Jr.	□Manager	Name:
□Member	Address: 5321 Corporate Blvd.	□Member	Address:
□Authorized	Baton Rouge, LA 70808	□Authorized	
Person		Person	
□Other	Other	□Other	

<u>Important Notice</u>: 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.

James R. McIlwain		
······································	Signature of an authorized person	
James R. McIlwain		
····	Is ped or printed name of signer	

### STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: SKYHIGH MURALS - COLOSSAL MEDIA, LLC

DOS ID Number: 6492848

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING
Date of Initial Filing with DOS: 05/24/2022

Statement Status: CURRENT Statement Due Date: 05/31/2024

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



WITNESS my hand and official seal of the Department of State, at the City of Albany, on May 19, 2023 at 11:12 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Higher

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100003539588 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>