

2/21/24, 4:34 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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From:

Account Name : FOLEY & LARDNER
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Phone : (407)423-7656
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: arechno@foley.com

Foreign Limited Liability Company
Big Top Manufacturing, LLC

Certificate of Status	0
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Page Count	03
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2024 FEB 21 PM 12:17

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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. Big Top Manufacturing, 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. Delaware 30-0818911
(Jurisdiction under the laws of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/16/2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3255 US Highway 19 North
(Street Address of Principal Office)
Perry, FL 32347
6. (Mailing Address)

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

Name C T Corporation System
Office Address 1200 South Pine Island Road
Plantation 33324, Florida
(City) (Zip code)

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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.

Madonna Cuddihy
(Registered agent's signature)
Madonna Cuddihy, Assistant Secretary

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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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager:	Name: <u>Jeff Merschman</u>	<input type="checkbox"/> Manager:	Name: <u>Vann K. Parrot</u>
<input type="checkbox"/> Member:	Address: <u>3255 US HWY 19 N</u>	<input type="checkbox"/> Member:	Address: <u>3255 US HWY 19 N</u>
<input type="checkbox"/> Authorized Person:	<u>Perry, FL 32347</u>	<input type="checkbox"/> Authorized Person:	<u>Perry, FL 32347</u>
<input checked="" type="checkbox"/> Other: <u>CEO and President</u>	<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Other: <u>COO, Vice President, and Secretary</u>	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Manager:	Name: <u>Joan Merschman</u>	<input type="checkbox"/> Manager:	Name: _____
<input type="checkbox"/> Member:	Address: <u>3255 US HWY 19 N</u>	<input type="checkbox"/> Member:	Address: _____
<input type="checkbox"/> Authorized Person:	<u>Perry, FL 32347</u>	<input type="checkbox"/> Authorized Person:	_____
<input checked="" type="checkbox"/> Other: <u>Treasurer</u>	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Manager:	Name: _____	<input type="checkbox"/> Manager:	Name: _____
<input type="checkbox"/> Member:	Address: _____	<input type="checkbox"/> Member:	Address: _____
<input type="checkbox"/> Authorized Person:	_____	<input type="checkbox"/> Authorized Person:	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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.

Executed by
Jeff Merschman

Signature of an authorized person

Jeff Merschman, CEO and President

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BIG TOP MANUFACTURING, 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.



3117688 8300

SR# 20240536200

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202824749

Date: 02-16-24