

2/21/24, 4:39 PM

Division of Corporations

**M24000002238**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : FOLEY & LARDNER  
Account Number : I19980000047  
Phone : (407)423-7656  
Fax Number : (407)648-1743

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: arecchio@foley.com

**Foreign Limited Liability Company  
Big Top Services, LLC**

Certificate of Status	0
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Page Count	03
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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 Services, 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

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

3 S2-4943840

(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)

6

(Mailing Address)

Perry, FL 32347

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

(City)

Florida

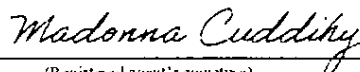
33324

(Zip code)

4 FEB 21 PM 12:17

## 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.



(Registered agent's signature)

Madonna Cuddihy, Assistant Secretary

1124000070656.3

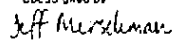
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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  
  
 \_\_\_\_\_  
 Signature of an authorized person  
 Jeff Merschman, CEO and President  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "BIG TOP SERVICES, 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.



3117653 8300

SR# 20240536199

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 202824748

Date: 02-16-24