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(City/State/Zip/Phone #)

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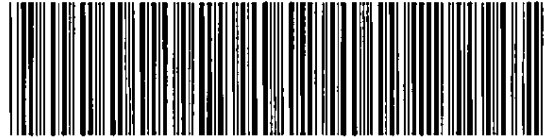
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 FEB 28 AM 7:57

SECRETARY OF STATE
OFFICE OF THE CLERK

T. LEMIEUX
MAR 04 2024

5698
h2m

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Action Park Holdings, 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:

Thomas Zeichman

Name of Person

Beighley, Myrick, Udell, Lynne, & Zeichman, P.A.

Firm/Company

2385 Executive Center Dr., Suite 250

Address

Boca Raton, FL 33431

City/State and Zip Code

tzeichman@bmulaw.com

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

For further information concerning this matter, please call:

Thomas Zeichman

561

549-9036

at (_____) _____

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**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2024

THOMAS ZEICHMAN
2385 EXECUTIVE CENTER DR STE 250
BOCA RATON, FL 33431

SUBJECT: ACTION PARK HOLDINGS, LLC
Ref. Number: W24000005698

We have received your document for ACTION PARK HOLDINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 524A00001051

RECEIVED

FEB 28 2024

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. Action Park Holdings, 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 93-2375466
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 1 Town Center Road
(Street Address of Principal Office)
Suite #675
Boca Raton, FL 33486
6. 1 Town Center Road
(Mailing Address)
Suite #675
Boca Raton, FL 33486

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

Name: Beighley, Myrick, Udell, Lynne & Zeichman, P.A.
Office Address: 2385 Executive Center Dr., Suite 250
Boca Raton, Florida 33431
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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.

Thomas G. Zeichman
ID: 1WA1a2a2rC1sE25nUaO8gc98

(Registered agent's signature)

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2024 FEB 28 AM 7:53
CLERK OF STATE
TALLAHASSEE, FL

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 checked="" type="checkbox"/> Manager	Name: Sarah Spangler	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1 Town Center Rd.	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Suite #675	<input type="checkbox"/> Authorized	_____
Person	Boca Raton, FL 33486	Person	_____
<input type="checkbox"/> Other _____	<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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.

Sarah Spangler

Signature of an authorized person

Sarah Spangler

Typed or printed name of signer

eSignature Details

Signer ID: 4WAxekariC1sEz5nUaQ6gc99
Signed by: Thomas Zeichman
Sent to email: tzeichman@bmulaw.com
IP Address: 173.162.73.17
Signed at: Nov 29 2023, 4:03 pm EST

Signer ID: DBfmr7BPrXn2xDvyXo1mSiTv
Signed by: Sarah Spangler
Sent to email: sspangler@mgrpcompanies.com
IP Address: 38.107.227.134
Signed at: Nov 29 2023, 4:11 pm EST

Delaware


The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ACTION PARK HOLDINGS, 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 ELEVENTH DAY OF FEBRUARY, A.D. 2024.



7562778 8300



Jeffrey W. Bullock, Secretary of State

Authentication: 202786074