

M24000011681  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)813-1184  
Fax Number : (516)935-3088

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

Email Address: Noreen@waw-us.com

**Foreign Limited Liability Company  
THE BIG QUIZ THING, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$130.00

H24000307672

**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. THE BIG QUIZ THING, 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. NEW YORK 3. \_\_\_\_\_  
(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. 1155 4TH STREET, APT. 230 6. 1155 4TH STREET, APT. 230  
(Street Address of Principal Office) (Mailing Address)

SAN FRANCISCO, CA 94158 SAN FRANCISCO, CA 94158

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

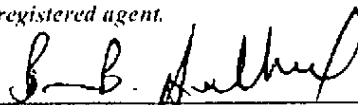
Name: Hubco Registered Agent Services, Inc.

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, Florida 32301  
(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 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) Bruce B. Hubbard

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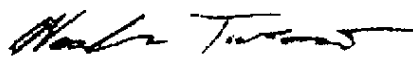
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: NOAH TARNOW	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1155 4TH STREET, APT. 230	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SAN FRANCISCO, CA 94158	<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 _____
<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.



Signature of an authorized person

NOAH TARNOW

Typed or printed name of signer

H24000307672

## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, WALTER T. MOSLEY, 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: THE BIG QUIZ THING, LLC  
DOS ID Number: 3723836  
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 09/23/2008  
Statement Status: CURRENT  
Statement Due Date: 09/30/2026

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION  
Date of Filing: 09/23/2008  
Entity Name: THE BIG QUIZ THING, LLC

Document Type: CERTIFICATE OF PUBLICATION  
Date of Filing: 01/09/2009

Document Type: BIENNIAL STATEMENT  
Date of Filing: 10/01/2010  
Effective Date: 09/01/2010

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 10/01/2012  
**Effective Date:** 09/01/2012

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 09/03/2014  
**Effective Date:** 09/01/2014

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 09/28/2018  
**Effective Date:** 09/01/2018

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 03/08/2021  
**Effective Date:** 09/01/2020

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 10/30/2023  
**Effective Date:** 09/01/2022

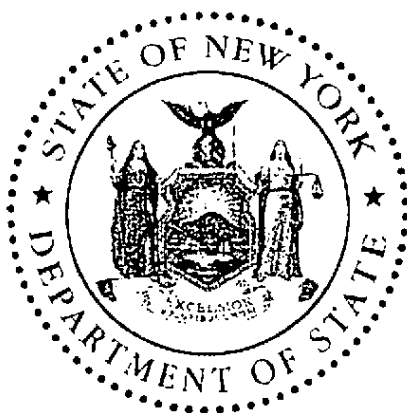
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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 09/03/2024

Above space is left blank intentionally.

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 September 10, 2024  
at 09:55 A.M.



WALTER T. MOSLEY  
Secretary of State

*Brendan C. Hughes*

BRENDAN C. HUGHES  
Executive Deputy Secretary of State

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