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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJ	ECT:	Apoc	ice 1	Gami	NG /N C	
		Na	me of corpora	ition - must	include suffix	
Dear S	Sir or Madam;					
"Certi		e," or "Certifi	cate of Good	Standing"	and check are sul	nct Business in Florida," bmitted to register the
Please	return all corresp				following:	
	JEAN -	Louis	DITAD	Rau		
			Name	e of Person	·	
				ľ	FNC	
			Firm/	Company		
	19 Oc	ean	View	Rd		
	Bas	Cap	Pele City/Sta	ddress, , , , , , , , , , , , , , , , , , ,	P3 E	E4N 2x5
				I .	Com	
For fu	rther information	concerning th	is matter, plea	ase call:		
Je	Name of Perso	5 <u>Drape</u> 11	<u>а</u> ц at (<u>5</u> Area	26) Code	878- Daytime Telep	7343 Phone Number
	STREET/COL Registration Sc Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	ction porations g : Center Circle			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7
Enclos	ed is a check for	the following	amount:			
53 \$ 70	0.00 Filing Fee	\$78.75 F Certifica	iling Fee & ate of Status		75 Filing Fee & fied Copy	\$87.50 Filing Fee, Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

, 1

IN COMPLIANCE REGISTER A FOR	E WITH SECTION 607.1503, FLORIDA STATU. REIGN CORPORATION TO TRANSACT BUSIN	TES. THE FOLLOWING IS SUBMITTED TO	
1. ADO	sace Gaming Inc		
_ (Enter namé of c "Inc" "Co.," "C	corporation: must include "INCORPORATED," "CON orp," "Inc," "Co," or "Corp.")	MPANY," "CORPORATION,"	-
(If name unavail	able in Florida, enter alternate corporate name adopted		
2. New	BRUNSWICK (AWADA 3.	(FEI number, if applicable)	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. <u>Oc</u>	7/2015 5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	•
6		1	
	(Date first transacted business in Florid (SEE SECTIONS 607.1501 & 607.1502, F.S.)	a, if prior to registration)	
7 19 (.
7. <u>191</u>	Ocean View Rd Bas		EUN 2X
	(Principal offic	e address)	
	(Current mailing addre	ess if different)	
	•		
8. Name and stree	et address of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Registered Agents Inc.		
Office Address:	3030 N Rocky Point Dr. STE 150A		
	_Tampa	Florida 33607	
	(City)	(Zip code)	
9. Registered age Having been nam	ed as registered agent and to accept service of n	rocess for the above stated corporation at the	place
uriner agree to co	application, I hereby accept the appointment as omply with the provisions of all statutes relative amiliar with and accept the obligations of my possible to the control of	to the proper and complete performance of m	city. I y
_	Bee Hame		
	(Registered agent's	signature)	
lt) Attached is a c	pertificate of existence duly outhorized and and	400	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and	business addresses of office	rs and/or directo	ors:				
A. DIRECTO		^					
Chairman:	JEAN L	ouis D	rapea	u			
Address:	19 Ocean 1	LIEW RI	٥				
Bas	Cap Pele	NEWBI	<u>์นพรพ</u> เ	CK	CANADA	EYN	2x5
Vice Chairman:			• • •				
Address:							

Address:		<u>-</u>					
							
Director:				·•··•			
Address:							
B. OFFICERS	S			ı			
Pracidont: J	EAN LOUIS D	CARROLL					
	9 Ocean VI	, ,	.				
Address:(· C P-1	zw No	2		(da	5 <i>11.</i> ()	
50.5	s Cap Pele	New C	sruns	WICK	Lanada	EGN	$\alpha x \gamma$
Vice President:							
Address:		· · · -					
Secretary:							
Address:							
					.		
			İ				
NOTE: If nece	essary, you may attach an ad	dendum to the a	pplication li	sting addit	tional officers and/or of	directors.	8.201
12		Signature of Dir	rector or Off	licer	4.00	Ange I	
	director signing this docume	nt (and who is li	sted in numb	ber 11 abo			
are true and that a third degree f	it he or she is aware that fals elony as provided for in s.81	e information su 7.155_F.S.	ibmitted in a	document	to the Department of	State const	itutes
13	relony as provided for in s.81	, Dick	ea ~,	K	< 5,9 -~ 1/	C.W	•
	(Typed or printed r	name and capaci	ty of person	signing ap	pplication)		

CANADA CANADA PROVINCE OF NEW BRUNSWICK PROVINCE DU NOUVEAU-BRUNSWICK BUSINESS CORPORATIONS ACT LOI SUR LES CORPORATIONS COMMERCIALES CERTIFICATE CERTIFICAT I HEREBY CERTIFY that according to the records under the JE CERTIFIE par la présente que d'après les livres en vertu de la Loi sur Business Corporations Act. les corporations commerciales. Apogee Gaming Inc. (#685280) was incorporated (or continued under this Act) on the 7th day of October, a été constituée en corporation (ou prorogée en vertu de la présente Loi) le 7ième jour d'octobre 2015. I CERTIFY FURTHER that according to the said records the above JE CERTIFIE ÉGALEMENT que, d'après lesdits livres, la corporation × corporation has not been dissolved. ci-dessus n'a pas été dissoute I CERTIFY FURTHER that according to the said records a Certificate of JE CERTIFIE ÉGALEMENT que, d'après lesdits livres, un certificat de Dissolution was issued on the dissolution a été délivré le _ I CERTIFY FURTHER that according to the said records a Notice of JE CERTIFIE ÉGALEMENT que, d'après lesdits livres, un avis de Satisfaction pertaining to the proposed continuance of the corporation to satisfaction concernant la prorogation proposée de la corporation vers un another jurisdiction was issued on the autre lerritoire a été émis le CERTIFIED under my hand at Fredericton, New Brunswick CERTIFIÉ par le soussigné à Fredericton, Nouveau-Brunswick 2017 12 11 Director Year Annee - Month Mous - Day/Jour