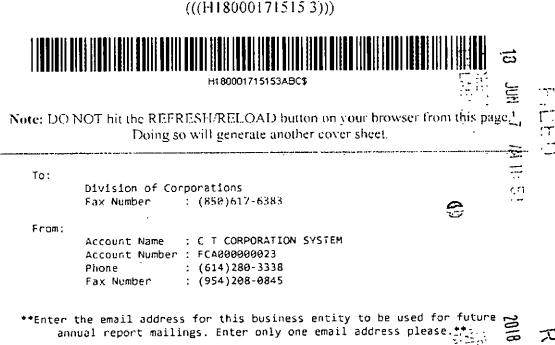
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Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001715153)))



Foreign Limited Liability Company GAMECO LLC

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Help

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 POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. GaineCo LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name une raisable, enter alternate name notopied for the purpose of measacting business in Florida. The alternate saure must include "Landed Labeltay Company," "LL C," or "LLC.") 3. 46-5678658 (Jurisdiction under the law of which foreign lamited liability company is organized) (FEI number, if applicable) Upon Receipt (Dem must transmoted business in Florida, if prior to registrating.) (See acctions 605,0904 & 605,0905, F.S. to determine penuity liability) 6. 731 East Pilot Rd., Suite C 731 East Pilot Rd., Suite C (Street Address of Pameroal Office) (Mailian Address Las Vegas, NV 89117 ,---Las Vegas, NV 89117 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name! 1200 South Pine Island Road Office Address: Plantation Registered agent's acceptance: Having been named as registered agent and to accept service of process for the ubove 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 us registered agent. C T Corporation System Scott White, Assistant Secretar By: (Registered agera's signatu 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address; Title or Capacity: Name and Address: Chief Executive Of Blaine Goldman 731 East Pilot Rd., Suite C Las Vegas, NV 89117 (Use attachments if necessary) 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 (+) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes at hird degree felony as provided for in s.817.155, F.S.

of as author

Typed or primed name of stance

Blaine Goldman



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GAMECO 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 SIXTH DAY OF JUNE, A.D. 2018.

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

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

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SR# 20185009019

Authentication: 202834560

Date: 06-06-18