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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 : (561)694-8107 Phone

Fax Number : (561)694-1639

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

Email Address:

Foreign Limited Liability Company **Esports Go LLC**

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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:

laware		ela. The altomate mane must	the lade "Limsed Liability Company	"""LLC," or "LLC
· -		1		
esdiction under the law of v	hich foreign Limited Lability company is organized)	J. <u></u>	(PER number, if approach	iej
	(Date first transacted b usiness in Florida, if prior to n (See sections 605 0904 & 505 0935, F.S. to determin	rgistration.) o pensity liability)		
2255 Glades Rd, Suite 221A		6. (Mailing Address)		
(Street Address of	Principal Office)	<i>.</i>	(Mailing Address)	
	ss of Florida registered agent: (P.O. Box	NOT acceptable)	.FL 3343:	2û
			.FL 3343:	2019 16 7
	ss of Florida registered agent: (P.O. Box		.FL 3343:	61 ;
ame and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box Ben Spoont		33431	· -: —

Title or Capacity:	Name and Address: Name: Mitchell Rubenstein	Title or Canacity:	Name: Laurie Silvers
Manager	Address: 2255 Glades Rd, Suite 221A	Manager	Address: 2255 Glades Rd, Suite 2212
Member	Boca Raton, FL 33431	☐ Member	Boca Raton, FL 33431
Authorized		Authorized	
Person: Other	Other	Person Other	Other
_	Ben Rubeastein-Spoost	_	Camiton Rubenstein-Spoont
Manager	Name: Ben Rubenstein-Spoont	Manager	Name: Carolyn Rubenstein-Spoont
Member	Address: 2255 Glades Rd, Suite 221A	Member	Address: 2255 Glades Rd, Suite 2217
Authorized	Boca Raton, FL 33431	☐ Authorized	Boca Raton, FL 33431
Person		Person	
Other	Other	Other	Other
	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Persor.	
Other	Other	Other	Other =
ndexed individuals . Attached is a cert	se an attachment to report more than six (6). The may be added to the index when filing your Florificate of existence, no more than 90 days old, the law of which it is organized. (If the certificate to be submitted)	orida Department of State duly authenticated by the	Annual Report form. official having custody of records in th
10. This document is	s executed in accordance with section 605.0203 nent to the Department of State (Onstitutes a thi	3 (1) (b), Florida Statutes. ird degree felony as provid	l am aware that any false information ded for in s.817.155, F.S.

Typed or priesed name of signor

Carlos M Alvarez, Attorney-in-Fact



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ESPORTS GO 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 NINETEENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ESPORTS GO LLC"
WAS FORMED ON THE SECOND DAY OF AUGUST, A.D. 2019.

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

2019 F. F. F. F. F. B. 38

7544273 8300 SR# 2019B159582

SR# 2019B159582
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