

M220000006417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

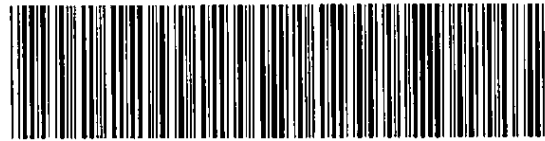
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W22000053297  
01114 212  
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W22000048746 04/83  
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Office Use Only



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04/11/22--01028--010 \*\*125.00

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2022 APR 11 PM 12:33  
STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

APR 11 2022 12:04 PM  
S. HAWKES  
APR 11 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2022 APR 25 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 22, 2022

CORPORATE ACCESS, INC.

*corrected*

SUBJECT: KOKO SPORTS MANAGEMENT LLC  
Ref. Number: W22000053297

We have received your document for KOKO SPORTS MANAGEMENT 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):

2ND REQUEST

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 222A00009444

**CORPORATE  
ACCESS,  
INC.**

When you need ACCESS to the world

125

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** Danny

- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING Foreign LLC

1. KOKO Sports Management LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

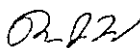
**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**KOKO SPORTS MANAGEMENT LLC**  
**95 Merrick Way**  
**Coral Gables, FL 33134**

**CONSENT TO USE OF NAME**

I, Robert Bryan, the manager of KOKO Sports Management LLC, a limited liability company previously organized under the laws of the State of Florida, hereby releases the name KOKO Sports Management LLC for use and hereby affirm that there is no intention of revoking the dissolution of KOKO Sports Management LLC, a Florida limited liability company, and hereby consent to the use of the name KOKO Sports Management LLC by the Delaware limited liability company of the same name in the State of Florida.

KOKO SPORTS MANAGEMENT LLC

By:   
Robert Bryan, Manager

**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. KOKO Sports Management 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 3. 82-2761664  
(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)

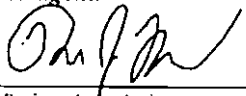
5. 95 Merrick Way 6. 95 Merrick Way  
(Street Address of Principal Office) (Mailing Address)  
Coral Gables, FL 33134 Coral Gables, FL 33134

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

Name: Robert Bryan  
Office Address: 1450 Treasure Drive  
North Bay Village, Florida 33141  
(City) (Zip code)

RECEIVED  
MAY 12 2004  
PH 12:04

**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)

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: <u>Robert Bryan</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Michael DePietro</u>
<input type="checkbox"/> Member	Address: <u>95 Merrick Way</u>	<input type="checkbox"/> Member	Address: <u>95 Merrick Way</u>
<input type="checkbox"/> Authorized	<u>Coral Gable, FL 33134</u>	<input type="checkbox"/> Authorized	<u>Coral Gale, FL 33134</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Phil Huang</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>95 Merrick Way</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Coral Gable, FL 33134</u>	<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 authorized person

Robert Bryan, Manager  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

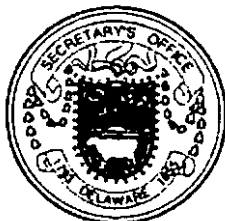
Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KOKO SPORTS MANAGEMENT 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 EIGHTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KOKO SPORTS MANAGEMENT LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2017.

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



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

6363431 8300

SR# 20221380733

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203138118

Date: 04-08-22