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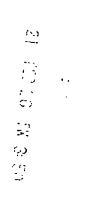
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Special Instructions to Filing Officer:					
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## **COVER LETTER**

TO:	CO: Registration Section Division of Corporations					
SUBJ	ECT: Apogee Gaming USA, Inc.					
	Name	of corporation	- must include suffix			
Dear S	ir or Madam:					
"Certif	closed "Application by Foreign C icate of Existence," or "Certificat referenced foreign corporation to	e of Good Stand	ling" and check are subm			
Please	return all correspondence concert	ning this matter	to the following:			
Jean-Le	ouis Drapeau					
		Name of I	Person			
Apogee	: Gaming USA, Inc.					
		Firm/Comp	pany			
19 ch C	Ocean View Rd.					
		Addre	SS	· · · · · · · · · · · · · · · · · · ·		
Bas Ca	p Pele, New Brunswick, CANADA	E4N 2X5				
		City/State ar	nd Zip code			
diane@	apogee-gaming.com					
	E-mail addres	ss: (to be used fo	or future annual report no	tification)		
For fur	ther information concerning this	matter, please ca	all:			
Jean-Lo	Name of Person at (506 Area Code Daytime Telephone Number					
	Name of Person	Area Code	Daytime Telepho	one Number		
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations		
Please r	ed is a check for the following ammake check payable to: FLORIDA E	DEPARTMENT ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy		

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Apogee Gaming USA, Inc.		
(Enter name of corporation; must include "INCORPORAT" "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"	
(If name unavailable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting busines	s in Florida)
Delaware	35.7641340	,
2. (State or country under the law of which it is incorporated	3. 35-2641349 (FEI number, if applicable)	<del></del> ,
August 21, 2018	s n/a	
(Date of incorporation)	5. (Date of duration, if other than perpe	etual)
n/a 5.		·
(Date first transacted busine	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	<del></del>
7. 19 Ocean View Rd., Bas Cap Pele, New Brunswick, Canad	da E4N 2X5	
(Principa	office street address)	<u> </u>
same as above		
(Current m	nailing address, if different)	
8. Name and street address of Florida registered agent:  Name: Corporation Service Office Address: 1201 Hays St.,  Tallahassee FL  (City)	(P.O. Box <u>NOT</u> acceptable)  Ce Company	
<u> Tallahassee, FL</u>	, Florida <u>3230/</u>	
(City)	(Zip code)	<del>-</del> -
9. Registered agent's acceptance: Having been named as registered agent and to accept s designated in this application, I hereby accept the appo further agree to comply with the provisions of all status	ointment as registered agent and agree to act	in this capacity. I
and I am familiar with and accept the obligations of m	y position as registered agent.	(i)
		•
Deb Record Deb Reeve	s, Assistant Vice President	
(Registered agen	nt's signature)	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

## A. DIRECTORS □ Chairman □Chairman Name: Name: □Vice Chairman Address: \_\_\_\_\_\_ ☐ Vice Chairman Address: □Director □ Director Jean-Louis Drapeau ■President □President □Vice President \_\_\_\_\_ ☐ Vice President □ Secretary ☐ Treasurer ☐ Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_ ☐ Chairman □ Chairman Name: □Vice Chairman Address; □ Vice Chairman Address: \_\_\_\_\_ □ Director □ Director □President □President □Vice President □ Vice President □ Secretary ☐Treasurer □Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Chairman Name: \_\_\_\_\_\_ □ Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: □Director □ Director □ President □President □Vice President \_\_\_\_\_ □Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_\_ □Other \_\_\_\_\_ □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.

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Jean-Louis Drapeau, President

Page 1



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

DELAWARE, DO HEREBY CERTIFY "APOGEE GAMING USA, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JANUARY, A.D.

2021.



Authentication: 202332355

Date: 01-21-21