BIBOODSIS

(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:
Please Fild Suend

Office Use Only



000321714560

THE FTS -1. 57 5: 22

ALABASE FINAL

2016 DEC -8 FM 4: 13

12/7/1000



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:	12/06/2018			
	Marisa Ku	gelmann		
Reference	#:10	15107		
		LEGACY GLOBA	L SPORTS, LP	
✓ Artic		tion/Authorization to Tr		H1 626 - 1
☐ Cha	inge of Agent			
☐ Rei	nstatement		Please file SECOND	7.5 či
☐ Con	eversion		2500113	2
☐ Mer	ger			
☐ Diss	solution/Withdrav	val		
☐ Fict	itious Name			
✓ Oth	erC	ertified Copy and Certi	ficate of Status upon filing	
	Amount: \$1,0		_	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/06/2018	
Name:	Marisa Kugelmann	
Reference #	1015107	
Entity Name:	LEGACY GL	OBAL SPORTS, LP
	es of Incorporation/Authorizatio	
☐ Amen	dment	
Chang	ge of Agent	Piease File
Reins	tatement	SECOND
Conve	ersion	<u> </u>
☐ Merge	er	نن ب
Disso	lution/Withdrawal	 53
Fictition	ous Name	
✓ Other	Certified Copy an	d Certificate of Status upon filing
	mount: \$1,0121.25	

COVER LETTER

Registration Section

TO:

Division of Corporations			
SUBJECT: Legacy Global Sports, L.P.			
Name of Foreign Limited 1	Partnership or Limited	Liability Limited Partnership	
The enclosed application, certificate of status ar partnership to transact business in Florida. Please return all correspondence concerning this		o register a foreign limited par	tnership or limited liability limited
Jason G. Howe, Esq.		_	
Contact Person		_	
Bergen & Parkinson, LLC			
Firm/Company		→	
62 Portland Rd., Suite 25			
Address		<u> </u>	
Kennebunk, ME 04043		_	
City, State and Zip Code		<u> </u>	
jhowe@bergenparkinson.com			
E-mail address: (to be used for future annual	report notification)		
For further information concerning this matter,	please call:		
Jason G. Howe, Esq.	at (985-7000	
Name of Contact Person	Area Code	and Daytime Telephone Numb	per
Enclosed is a check for the following amount:			
S1,000.00 Filing Fees S1,008.75 Filing (\$965 Filing Fee and \$35 Registered Agent Fee)		Filing Fees \$1,061.25 Filing and Copy Certificate of S	and - T
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AI Registration So Division of Co P. O. Box 6327 Tallahassee, Fi	ection rporations 7	F 5: 22

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. Legacy Global Spo	rts, L.P.	
(Name of Limited Partnership or Limited Liability Lin Acceptable Limited Partnership suffixes: Limited Partnership, Lin Acceptable Limited Liability Limited Partnership suffixes: Limited	nited, L.P., LP, or Ltd.	
If name unavailable, name under which the limited partnership or business in Florida; must	limited liability limited partnership proposes to region contain acceptable suffix.	ster to transact
Delaware	3. 01/29/2016	
State or Country of Formation	Date of Formation	
4. Federal Employer Identification Number: 8 1 - 1	032834	
5. Name of Registered Agent for Service of Process and Florida	Street Address:	
COGENCY GLOBAL INC.		
115 North Calhoun Street, Suite 4		
Tallahassee, Florida 32301		
5. I hereby accept the appointment as registered agent and agree to of all statutes relative to the proper and complete performance my position as registered agent. Signature of R		
7. Principal Office: 3. N	failing Address:	
290 Heritage Ave, Suite 2	same	
Portsmouth, NH 03801	Same	27 11
		1.17
9. If limited partnership is a limited liability limited partnersh	ip, check box.	- 1
10. Name, principal office address, and mailing address of each	h general partner:	7
Name of General Partner: Legacy Global Sports, LLC	Name of General Partner:	<u>က်</u>
Street Address: 290 Heritage Ave	Street Address:	22
Portsmouth, NH 03801		
Mailing Address: Same	Mailing Address:	
Name of General Partner:		
Street Address:		

Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	
Mailing Address:	Mailing Address:	
11. Effective date, if other than the date of filing:	e applicable statutory filing requirements, this	Florido Department of State.) s date will not be listed as the
12. Attached is a certificate of existence duly authentic Florida Department of State, by the Secretary of State the law of which it is organized.	ated, not more than 90 days prior to the delive or other official having custody of the entity's	ery of this application to the records in the jurisdiction under
Signed hims	Signature of a general partner John St. Pierr	-
The individual signing this document affirms that the fi submitted in a document to the Department of State co	acts stated herein are true and the individual is institutes a third degree felony as provided for	in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 R \$52.50 \$8.75 Page 2 of 2	Registered Agent Fee)

•

.

-

•

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LEGACY GLOBAL SPORTS, L.P." 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEGACY GLOBAL SPORTS, L.P." WAS FORMED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2016.

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

a at coro delaware sov/auth

Authentication: 203897591

Date: 11-14-18