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<u> </u>	(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:				
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205 MA 22 P 2: 34 section (17) [7] 5

TRANSMITTAL LETTER

Registration Se Division of Cor			
SUBJECT: OpticalS	ports, Inc.		
		ration - must include suffix)	
Dear Sir or Madam:			
	e", and check are submitted	for Authorization to Transact to register the above reference	
Please return all corresp	condence concerning this ma	atter to the following:	
Vanessa Loysen			
	(Nam	ne of Person)	
OpticalSports, Inc.			
	(Firm	n/Company)	
c/o TMS - 5792 Widew	aters Parkway		
	(1	Address)	
Syracuse, NY 13214			
	(City/St	tate and Zip code)	
For further information	concerning this matter, plea	ase call:	200 200 200
Vanessa Loysen	at (315) 445-6308	
(Name of Perso	on) (A	rea Code & Daytime Telepho	ne Number) 22
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	: 22 22 ns 44
Enclosed is a check for	the following amount:		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☑ \$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.

1. OpticalSports, Inc.		
(Enter name of corporation; must include "INCORPORATE "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATI	ON,"
(If name unavailable in Florida, enter alternate corporate na	me adopted for the purpose of transac	eting business in Florida)
•		
2. Delaware (State or country under the law of which it is incorporated)	3. 41-2170619 (FEI number, if a	nnlicable)
•	`	pphease
4. 3/16/05	5. Perpetual	- 4
(Date of incorporation)	(Duration: Year corp. will cease	e to exist or perpetual)
6. Upon Qualification		100 II
(Date first transacted business in Florida. If corporation has (SEE SECTIONS 607.1)	not transacted business in Florida, in 501, 607.1502 and 817.155, F.S.)	sert "upon qualification.")
7. 7108 Fairway Drive - Suite 215, Palm Beach Gardens,	, FL 33418	
(Principal office	address)	
Same as above		
(Current mailing	address)	
8. Sports portal for products, training services and educa (Purpose(s) of corporation authorized in home state of	or country to be carried out in state of	
Name and street address of Florida registered agen	it: (P.O. Box or Mail Drop Box N	(OT acceptable)
Name: NRAI Services, Inc.		ARE
		500 mg 120
A contract the Contract Contra		
Office Address: 2731 Executive Park Drive, Suite 4		22
Office Address: 2731 Executive Park Drive, Suite 4 Weston	, Florida 33331	
	, Florida 33331 (Zip code)	22 P 2:
Weston (City)		22 P
	(Zip code) ervice of process for the above sta intment as registered agent and a es relative to the proper and comp	ted corporation at the place gree to act in this capacity. I
Weston (City) 10. Registered agent's acceptance: Having been named as registered agent and to accept se designated in this application, I hereby accept the appoin further agree to comply with the provisions of all statute	(Zip code) ervice of process for the above sta intment as registered agent and a es relative to the proper and comp	ted corporation at the place gree to act in this capacity. I
Weston (City) 10. Registered agent's acceptance: Having been named as registered agent and to accept se designated in this application, I hereby accept the appoint further agree to comply with the provisions of all statute and I am familiar with and accept the obligations of my	(Zip code) ervice of process for the above sta intment as registered agent and a es relative to the proper and comp	ted corporation at the place gree to act in this capacity. I

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

12. Names and business addresses of officers and/or directors:

A. DIRECTORS Chairman: Brian P. Kelly Address: 7108 Fairway Drive - Suite 215 Palm Beach Gardens, FL 33418 Vice Chairman: _____ Address: _____ Address: __ Director: __ **B. OFFICERS** President: Brian P. Kelly Address: 7108 Fairway Drive - Suite 215 Palm Beach Gardens, FL 33418 Vice President: Address: ___ Secretary: Brian P. Kelly Address: 7108 Fairway Drive - Suite 215, Palm Beach Gardens, FL 33418 Treasurer: ____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director of Officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

14. Brian P. Kelly, President

Delaware

PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTICALSPORTS, 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 SIXTEENTH DAY OF MARCH, A.D. 2005.

2005 MAR 22 P 2: 34 SECRETARY OF STATE



Varriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3748755

DATE: 03-16-05

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