

F10000005284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

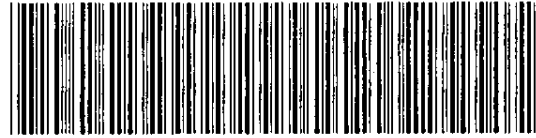
(Business Entity Name)

(Document Number)

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

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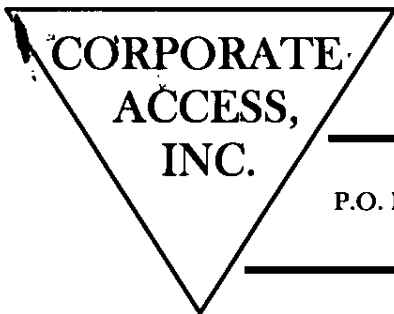
DEPT. OF STATE  
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TALLAHASSEE, FLORIDA

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## WALK IN

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12/3/10 Emily G.

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TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA

1. KSA Events, Inc.  
(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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. **KSA EVENTS, INC.**  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. **PENNSYLVANIA** 3. **23-3054489**  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. **JULY 22, 1999** 5. **PERPETUAL**  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. **UPON FILING OF THIS APPLICATION**  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. **4700 MILLENIA BLVD., SUITE 310, ORLANDO, FLORIDA 32839**  
(Principal office address)  
  
**4700 MILLENIA BLVD., SUITE 310, ORLANDO, FLORIDA 32839**  
(Current mailing address)
8. **TO PROVIDE HIGH SCHOOL ATHLETIC PROGRAMS OF ALL SIZES AND COMPETITION LEVELS**  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: **MATTHEW R. O'KANE**

Office Address: **215 NORTH EOLA DRIVE**

**ORLANDO**, Florida **32801**  
(City) (Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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)  
**MATTHEW R. O'KANE**

11. 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 under the law of which it is incorporated.

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TALLAHASSEE FLORIDA

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

**A. DIRECTORS**

Chairman: KELLY E. HAYES

Address: 4700 MILLENIA BLVD., SUITE 310, ORLANDO, FLORIDA 32839

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: KELLY E. HAYES

Address: 4700 MILLENIA BLVD., SUITE 310, ORLANDO, FLORIDA 32839

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

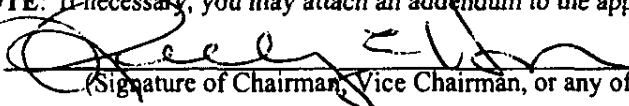
Secretary: KELLY E. HAYES

Address: 4700 MILLENIA BLVD., SUITE 310, ORLANDO, FLORIDA 32839

Treasurer: KELLY E. HAYES

Address: 4700 MILLENIA BLVD., SUITE 310, ORLANDO, FLORIDA 32839

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. KELLY E. HAYES, PRESIDENT  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

DECEMBER 1, 2010

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**KSA EVENTS, INC.**

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Certificate of Good Standing shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

*Basil L. Merenda*

Secretary of the Commonwealth