(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:					

Office Use Only



12/27/13-01029-002 **70.00

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Boras Sports Train	ning Institute, Inc.
Sebster.	poration - must include suffix
Dear Sir or Madam:	
	ion for Authorization to Transact Business in Florida," od Standing" and check are submitted to register the t business in Florida.
Please return all correspondence concerning thi	s matter to the following:
Kimberly Stevens	
	ame of Person
Boras Corporation	
Fi	m/Company
18 Corporate Plaza Drive	
	Address
Newport Beach, CA 9266	0
	/State and Zip code
kimberly@borascorp.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter,	please call:
Kimberly Stevens	09 477-6363
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
■ \$70.00 Filing Fee ☐ \$78.75 Filing Fee Certificate of State	

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.	Boras Sports Training Institute, Inc.						
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp," "Inc," "Co," or "Corp.")						
	n/a						
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
2.	California		3.	72-1548233			
٠.	(State or country	under the law of which it is incorporated)		(FEI number, if applicable)		=	
4.	February 6, 20	03	5.	Perpetual			
	(Date	of incorporation)	٠.	(Duration: Year corp. will cease to exist or "per	oetual")	-	
6.	n/a						
				n Florida, if prior to registration) 502, F.S., to determine penalty liability)	21 B DEC 27	3 (A)	
7.	18 Corporate Pl	aza Dr., Newport Beach, CA 92660			DEC.	紀代	
•	(Principal office address)						
	18 Corporate Pi	aza Dr., Newport Beach, CA 92660			7	경우 ⁰	
		(Current mailing	add	ress)			
8.	Athlete training	services/facilities			ယ္ န	م مرابع اربال المسا	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)							
9.	Name and stree	t address of Florida registered agent:	(P.	D. Box NOT acceptable)			
	Name:	Corporation Services Company		 .			
Office Address:		1201 Hays Street					
		Tallahassee		32301, Florida			
		(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.

By: Cliffeld Service Company

(Registered agent's signature)

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.

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

A. DIRE	ECTORS	SEURETARY (DF STATE
Chairman:	Scott D. Boras	STVISION OF COR	
Address:	18 Corporate Plaza Dr.	2019 DEC 27	PM 4: 34
_	Newport Beach, CA 92660		
Vice Chair	Scott D. Boras		
Address:	18 Corporate Plaza Dr.		
İ	Newport Beach, CA 92660		
Director:	Scott D. Boras		
Address:	18 Corporate Plaza Dr.		
•	Newport Beach, CA 92660		•
Director:	Scott D. Boras		
Address:	18 Corporate Plaza Dr.		
	Newport Beach, CA 92660		
B. OFFI	ICERS		
President:	Scott D. Boras		
Address:	18 Corporate Plaza Dr.		
	Newport Beach, CA 92660		
Vice Presi	Scott D. Boras		
Address:	18 Corporate Plaza Dr.		
	Newport Beach, CA 92660		
Secretary:	Scott D. Boras		
Address:	18 Corporate Plaza Dr.		
Address:			
NOTE:	If necessary, you may attach an addendum to the applicat	on listing additional officer	s and/or directors.
13	Scutt Bass Signature of Director of		
The office are true a	Signature of Director of the or director signing this document (and who is listed in and that he or she is aware that false information submitted agree felony as provided for in s.817.155, F.S.	number 12 above) affirms tl	nat the facts stated herein
I4. Scot	tt D. Boras, President (Typed or printed name and capacity of pe		
	(Typed or printed name and capacity of pe	rson signing application)	

Secretary of Statesion of corporation State of California

2118 DEC 27 PM 4: 34

CERTIFICATE OF STATUS

ENTITY NAME:

BORAS SPORTS TRAINING INSTITUTE

FILE NUMBER:

C2495142

FORMATION DATE:

02/06/2003

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 13, 2013.

> **DEBRA BOWEN Secretary of State**