

F14UUKUO 5375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

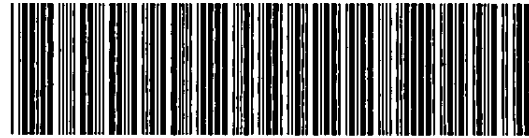
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300267311483

12/18/14--01018--022 **70.00

FILED
14 DEC 18 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 1 9 2814

S. GILBERT



Pamela J. Uran
612.335.1633 **DIRECT**
612.335.1657 **DIRECT FAX**
pam.uran@stinsonleonard.com

December 17, 2014

VIA FEDERAL EXPRESS

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Registration of foreign corporation
Our File No: 2069425-0003

Greetings:

Enclosed for filing with your office please find the cover letter, Application by Foreign Corporation for Authorization to Act and a check in the amount of \$70.00 for the filing fee.

Once the enclosed document has been filed, please send the filed documents to my in the enclosed envelope or via email to pam.uran@stinsonleonard.com.

If you have any questions, please feel free to contact me. Thank you for your assistance in this matter.

Sincerely,

STINSON LEONARD STREET LLP

Pamela J. Uran
Paralegal

/pju

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sport Ngin, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Pamela Uran

Name of Person

Stinson Leonard Street LLP

Firm/Company

150 S. 5th Street, Suite 2300

Address

Minneapolis, MN 55402

City/State and Zip code

pam.uran@stinsonleonard.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Uran

612

335-1633

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, 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 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.

Sport Ngin, Inc.

1.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Delaware

2.

(State or country under the law of which it is incorporated)

3.

(FBI number, if applicable)

July 29, 2011

4.

(Date of incorporation)

5.

perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

1400 Van Buren Street NE, Suite 200, Minneapolis, MN 55413

7.

(Principal office address)

1400 Van Buren Street NE, Suite 200, Minneapolis, MN 55413

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address:

1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(Zip code)

9. 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.

NRAI Services, Inc.

By:



(Registered agent's signature)

Michele Miller

Assistant Secretary

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 under the law of which it is incorporated.

FILED
14 DEC 18 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Justin Kaufenberg
1400 Van Buren Street NE, Suite 200
Address: Minneapolis, MN 55413

Vice Chairman: _____
Address: _____

Director: Carson Kipfer
1400 Van Buren Street NE, Suite 200
Address: Minneapolis, MN 55413

Director: Thomas Schnettler
1400 Van Buren Street NE, Suite 200
Address: Minneapolis, MN 55413

B. OFFICERS

President: Justin Kaufenberg
1400 Van Buren Street NE, Suite 200
Address: Minneapolis, MN 55413

Vice President: _____
Address: _____

Secretary: John Tedesco
1400 Van Buren Street NE, Suite 200, Minneapolis, MN 55413
Address: _____

Treasurer: John Tedesco
1400 Van Buren Street NE, Suite 200, Minneapolis, MN 55413
Address: _____

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

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

13. John Tedesco, Secretary / Treasurer / COO / CFO
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPORT NGIN, 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 DECEMBER, A.D. 2014.

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


AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



5018019 8300

141545325

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1963994

DATE: 12-16-14