

F140000005483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: RB SPORTS CORP.
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:

ROBERTO PAGE
Name of Person
RB SPORTS CORP.
Firm/Company
PO Box 10400
Address
SAN JUAN, PR. 00922-0400
City/State and Zip code
RPAGE@CENTERCOURTSports.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTO PAGE at (787) 487-8888
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
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

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FLORIDA

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

RB SPORTS CORP. USA
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PUERTO RICO 3. 660553094
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2-20-97 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. ESTIMATED START DATE: 2-1-15
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. SAN PATRICIO TOWN CENTER #800, B-2 TABONUCO ST, GUAYNABO PR.
(Principal office address) 00968
PO BOX 10400 SAN JUAN PR. 00922-0400
(Current mailing address)

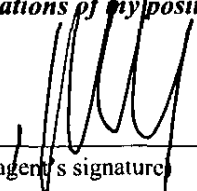
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ROBERTO PAGE

Office Address: 12739 BISCAYNE BLVD.
NORTH MIAMI, Florida 33181
(City) (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.


(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: ROBERTO PAGE

Address: PO Box 10400, SAN JUAN PR. 00922-0400

Vice President: ROBERTO COLON

Address: PO Box 10400, SAN JUAN PR. 00922-0400

Secretary: ROBERTO G. COLON

Address: PO Box 10400 SAN JUAN PR. 00922-0400

Treasurer: ROBERTO G. COLON

Address: PO Box 10400 SAN JUAN PR. 00922-0400

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. ROBERTO PAGE - PRESIDENT

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



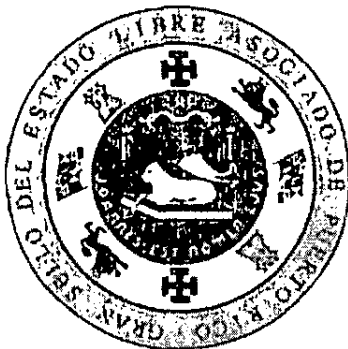
Commonwealth of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

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-11-ED
CALL ANASSP-EL GRIDA

CERTIFICATE OF GOOD STANDING

I, **DAVID E. BERNIER RIVERA**, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That, **RB SPORTS, CORP.**, register number **99442**, a **for profit domestic** corporation, organized under the laws of Puerto Rico on **February 20, 1997**, has complied with the filing of its Annual Reports.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, **December 23, 2014**.

DAVID E. BERNIER RIVERA
Secretary of State

To validate this certificate go to: <http://www.estado.gobierno.pr>

This certificate can be validated up to 2 times before its expiration date of 23-Mar-2015.

Certificate Validation Number: **94921-97336811**