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(((H180003537283)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 : (302)645-7400 Phone : (302)645-1280 Fax Number

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

Email Address: team@myfootballers.com

FOREIGN PROFIT/NONPROFIT CORPORATION

myfootballers, Inc.

Certificate of Status	1
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Corporate Filing Menu

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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. myfoothallers, Inc. (Enter name of corporation; must include "ENCORPORATED," "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) 83-2113110 Delaware 85-21151
3.
(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4300 Biscavne Blyd, Suite 203, Miami, FL, 33137 (Principal office address) 4300 Biscayne Blyd, Soite 203, Miami, FL, 33437 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) David Levy Name: 4300 Biscayne Blyd, Suite 203-Office Address: Miami (City) 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 filipations 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:	
S	
David Levy Director:	
Address:	
Director:	
Address:	
B. OFFICERS David Levy	
President:4300 Biscayne Blvd, Suite 203, Minmi, FL, 33137	
Address:	
	DEC 1
Vice President:	
Address:	75 8
David Levy	<u> </u>
Secretary: 4300 Biscayne Blvd, Suite 203, Miami, FL, 33137	
Address: David Levy Treasurer:	
4300 Ricoven : Rlyd State 203 Minmi El 33135	

Dignature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

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

David Levy, CEO

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

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Additional Officers

CEO:

David Levy

Address:

4300 Biscayne Blvd, Suite 203, Miami, FL, 33137

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MYFOOTBALLERS, 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 THIRTEENTH DAY OF DECEMBER, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MYFOOTEALLERS, INC." WAS INCORPORATED ON THE SECOND DAY OF OCTOBER, A.D. 2018.

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

10 DEC 13 AH 8: 59
SECRETARY OF STATE
TALLAHASSET FLORES

7083842 8300 SR# 20188130067

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