Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION SABER INTERACTIVE INC.

Certificate of Status	0
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: Saber Interactive Inc.			
	Name	of corporation	- must include suffix	
Dear Si	r or Madam;			
"Certifi	closed "Application by Foreign Co cate of Existence," or "Certificate eferenced foreign corporation to t	of Good Stan	ding" and check are submitte	
Please r	eturn all correspondence concern	ing this matter	to the following:	
Erik Ste	nberg			
		Name of	Person	
Saber In	teractive Inc.			
		Firm/Com	pany	
4 Winth	rop Place			
	· · · · · · · · · · · · · · · · · · ·	Addre	SS	
Maplew	ood, New Jersey 07078			
		City/State ar	nd Zip code	
erik.sten	berg@cmbracer.com			
	E-mail address	: (to be used for	or future annual report notifi	cation)
For furt	her information concerning this m	natter, please ca	all:	
Jieun Ta	k	at (212	626-4842	
	Name of Person	Area Code	Daytime Telephone	Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	n ations
Please in	d is a check for the following amo ake check payable to: FLORIDA DE 00 Filing Fee	EPARTMENT g Fee &		\$87.50 Filing Fee, Certificate of Status & Certified Copy

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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.

	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavai	iable in Florida, enter alternate corporate name ad	lopted for the purpose of transacting busines	ss in Florida)
Delaware	3 3	2-0624055	
(State or count	ry under the law of which it is incorporated) 3.	(FEI number, if applicable) (Date of duration, if other than perpetual)	
February 18, 20	5.		
(Date	of incorporation)	(Date of duration, if other than perp	etual)
April 1, 2020			
	(Date first transacted business in E (SEE SECTIONS 607.1501 & 607.150)		
4 Winthrop Place	, Maplewood, New Jersey 07078		
	(Principal office	street address)	
7	(Current mailing	addross, if different)	
			() () () () () ()
Name and stre	et address of Florida registered agent: (P.O.	O. Box NOT acceptable)	
Name:	Corporation Service Company		20 20 20 20 20 20 20 20 20 20 20 20 20 20
Mice Address:	1201 Hays Street		
office Address.	Tallahassee	, Florida 32301 (Zip code)	OF STATE
	(City)	(Zip code)	Zin -
aving been nam signated in this rther agree to c id I am familian	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme. comply with the provisions of all statutes relative with and accept the obligations of my posit Amanda Robinson, (Registered agent's sign	nt as registered agent and agree to act tive to the proper and complete perfor ion as registered agent.	in this capacity.

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

H200001106713

A. DIRECTORS				
□ Chairman	Name: Erik Stenberg	Chairman	Name: Per-Arme Lundberg	
□Vice Chairman	4 Winthrop Place Address:	El Vice Chairman	Address: 4 Winthrop Place	
Director	Maplewood, New Jersey 07078	□ Director	Maplewood, New Jersey 07078	-
□ President		™ President		-
□Vice President		□Vice President		-
☐ Secretary	Threasurer	Secretary	□Treasurer	
ClOther	GOther	ClOther	ElOther	-
□Chairman	Matthew Karch	□ Chairman	Nane:	
ElVice Chairman	Address:	∏Vice Chairman	Address:	
□Director	Maplewood, New Jersey 07078	□ Director		
□President		CiPresident	2020	
□Vice President		□Vice President		-;;
☐ Secretary	□Treasurer	© Secretary	Treasurer, H	
CEO Other	Other	Other	☐Other #1☐ →	İT
☐Chairman	Name:	□ Chairman	Name:	
∐Vice Chairman	Address:	⊞Vice Chairman	Address:	
Director		□Director		
□President		□President	141112	
□Vice President		□Vice President		
ElSecretary	Ci Trensurer	EUSecretary	O Treasurer	
□Other		□Other	□Other	
individuals may be	Iso an attachment to report more than six (6). The at added to the index when filing your Florida Departs	nent of State Annual Re	port form.	
12.	Signature of Director			
The afficer or direction is aware that falls, 8.817, 155, F.S.	tor signing this document (and who is listed in numbers information submitted in a document to the Depa	er II above) affirms tha	at the facts stated herein are true and that he or	
13. Erik Stenberg	g, Director (Typed or printed name and capacity of per	son cignia, application		
	(1 ypen or princed name and capacity of per	son signing application)		

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SABER INTERACTIVE 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 FIFTEENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SABER INTERACTIVE INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2020.

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

Authentication: 202771138

Date: 04-15-20