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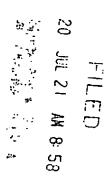
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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:	i mmr-		
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COVER LETTER

TO:	Registration Section						
	Division of Corporations						
	Player Epic Inc						
SUBJ	JECT:	C		1 1 - 17			
	Name	of corporation	n - must i	include suffix			
Dear S	Sir or Madam:						
"Certi	nclosed "Application by Foreign C ficate of Existence," or "Certificat referenced foreign corporation to	e of Good Stai	nding" ar	nd check are su			."
	return all correspondence concert Williams	ning this matte	r to the f	ollowing:			
		Name of	Person				
Player	Epic Inc						
		Firm/Con	upany		_		
1203 F	Easton Street						
		Addr	ress				
Orland	lo, FL 32825						
		City/State a	and Zip c	ode			
jwillia	ms@dogonesports.com	•	•		49 1	20	
	E-mail addres	s: (to be used	for future	e annual report	notification)		
						6-2 	
For fu	rther information concerning this i	natter, please	call:				
Carme	ło Chimera	312	219-	8684	* **		٠
		at ()		•	<u>c</u> o	
	Name of Person	Area Cod	de	Daytime Telep	ohone Number	ဏ	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Please	ted is a check for the following am make check payable to: FLORIDA D 0.00 Filing Fee	EPARTMENT ng Fee & [□ \$78.75	ATE Filing Fee & ed Copy	□ \$87.50 F Certifica Certified	te of S	itatus &

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. Player Epic 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 85-1065430 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) _____ 5. ____ (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1203 Easton Street, Orlando, FL 32825 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Johnny Williams Name: 1203 Easton Street Office Address: Orlando (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 obligations of my position as registered agent. 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]:

A. DIRECTORS	Johnny Williams						
□Chairman	Name:	☐ Chairman	Name:				
□ Vice Chairman	Address: Orlando, FL 32825	□Vice Chairman	Address:				
Director	Orlando, F1, 32825	□Director					
President		□President ,					
□Vice President		□Vice President					
Secretary	□Treasurer	Secretary	□Treasurer				
Other	□Other	Other	Other				
□Chairman	Name:	□Chairman	Name:				
□ Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	Secretary	□Treasurer				
□Other	□Other	Other					
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director	Name: 2				
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	Other	□Other	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature 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.

Johnny Williams, Chief Executive Officer and Director

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PLAYER EPIC 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 TWENTY-FIFTH DAY OF JUNE, A.D. 2020.

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



Authentication: 203175287

Date: 06-25-20



July 7, 2020

JOHNNY WILLIAMS PAYLER EPIC INC 1203 EASTON STREET ORLANDO, FL 32825

SUBJECT: PLAYER EPIC INC Ref. Number: W20000069554

We have received your document for PLAYER EPIC INC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang Regulatory Specialist II

7/21 Received Corrected Paperwork WC

Letter Number: 920A00013186