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2021 AUS 25 PT12: 20



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 972243 4332362

AUTHORIZATION :

COST LIMIT : \$ 60.00

ORDER DATE: August 23, 2021

ORDER TIME : 9:54 AM

ORDER NO. : 972243-015

CUSTOMER NO: 4332362

FOREIGN FILINGS

NAME: SCIENTIFIC GAMES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: ____

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Scientific Games, In	ıc.			
	Name of corporati	on - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corpora	ertificate of Good St	anding" and check are sul	act Business in F bimitted to registe	lorida," er the
Please return all correspondence	concerning this mat	ter to the following:		
Diana Wilson				
	Name (of Person		
Brownstein Hyatt Farber Schreck, L	LP			
	Firm/Co	ompany		
410 17th Street #2200				
	Add	dress	·	
Denver, CO 80202				
	City/State	and Zip code		
dwilson@bhfs.com				
E-mail	address: (to be used	d for future annual report	notification)	
For further information concerning	g this matter, please	e call:		2021 AUG 25 1
Diana Wilson	at (243-6804	-	65
Name of Person	Area Co	ode Daytime Telep	hone Number	25
STREET/COURIER AI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	e uite 810	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	РИ 12: 20
	UDA DEPARTMEN	TT OF STATE ☐ \$78.75 Filing Fee & Certified Copy	S87.50 Fil Certificate Certified (of Status &

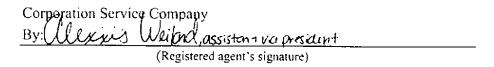
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Scientific Game	es. Inc.			
(Enter name of c	orporation; must include "INCORPORATED, orp." "Inc." "Co," or "Corp.")	" "COMPANY." "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busi	ness in Florida)	
Delaware		87-2037319		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
7/26/2021	5.	Perpetual		
(Date of incorporation)		(Date of duration, if other than perpetual)		
1500 Bluegrass L	(SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability) ce street address)		
	(Current mailin	g address, if different)		
Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	ZDZI ÁLIG	
Name:	Corporation Service Company	_	· 5	
ffice Address:	1201 Hays Street		25	
	Tallahassee	. Florida 32301	PH 12:	
	(City)	(Zip code)	?: 20	

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.

A. DIRECTORS Patrick J. McHugh ☐ Chairman □ Chairman Name: 1500 Bluegrass Lakes Parkway □ Vice Chairman Address: □Vice Chairman Address: Alpharetta GA 30004 ■ Director □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 □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 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. 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.

Patrick J. McHugh, President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SCIENTIFIC GAMES, 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 NINTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCIENTIFIC

GAMES, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JULY, A.D.

2021.

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

Authentication: 203875754

Date: 08-09-21

6111382 8300 SR# 20212926541