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(((H21000329444 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SPIEGEL & UTRERA, P.A.

Account Number : FCA000000001 Phone : (305)854-6000

Fax Number : (305)860-2076

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 LEGACY FOOTBALL NETWORK, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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09/03/2021 10:45

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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.

(Enter name of "Inc.," "Co.," "	corporation: must include "INCORPORATE Corp." "Inc," "Co," or "Corp.")	D." "COMPANY," "CORPORATION,"		
(If name unava	ilable in Florida, enter alternate corporate nam	ic adopted for the purpose of transacting business 37-1580589	in Florida	
(State or country under the law of which it is incorporated) 01/16/2008 (Date of incorporation) Upon Filing		3. (FEI number, if applicable) 5. Perpetual (Date of duration, if other than perpetual)		
		ng address, if different) .	2821 SEP	
Name and <u>street address</u> of Florida registered agent: (F Name: SPIEGEL & UTRERA, P.A.		O. Box NOT acceptable)	-5 -2 -2	
fice Address:	1840 SW 22nd Street, 4th Floor	;; ;; ;;	PM 4: 43	
	Miami	. Florida ³³¹⁴⁵	٨	

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.

SPIEGEL & UTRERA, P.A.

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]:

۸.	DI	R	EC	าก	RS.

□Chairman	Name: Robert Griffith	. Chairman Name: Robert Griffith				
TiVice Chairman	Address: 111 Lincoln Road		Name: Robert Griffith HI Lincoln Road			
Director	Miami Beach, FL 33139	_ □ Director	Address: H1 Lincoln Road Miami Beach, FL 33139			
□ President		■ President				
□Vice President						
□Secretary	☐ Treasurer	□ Secretary				
Other		-	□Treasurer □Other			
□ Chairman	Name:	□Chairman	Name:			
□Vice Chai⊓nan	Address:	_	Address:			
☐ Director						
□President		☐ President				
UVice President		□Vice President				
Secretary	Treasurer	□ Secretary	☐ Treasurer			
Other	□Other	□Other				
□Chairman :	Name;	□Chairman N	202 1			
□Vice Chairman /	Address:	_	Address:			
□ Director _		□ Director	<u>.</u>			
©President		□ President	P			
□Vice President _		□Vice President _	τ. τ.			
☐ Secretary	Treasurer	☐ Secretary	□Treasurer			
□Other		□Other	Other			
Important Notice: Use individuals may be ad	e an attachment to report more than six (6). The ded to the index when filing your Florida Department	entachment will be imaged fo artment of State Annual Repor	or reporting purposes only. Non-indexed 1 form.			
Signature of Director or Officer						
The officer or director	Signing this document (and the interior)	tor 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

13 Robert Griffith, President

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

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do nereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

LEGACY FOOTBALL NETWORK, INC.

DOS ID Number:

3618608

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

01/16/2008

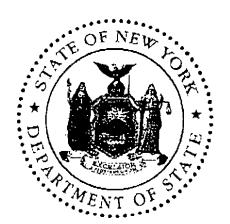
Statement Status:

CURRENT

Statement Due Date:

01/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official scal of the Department of State, at the City of Albany, on September 01, 2021 at 10:35 A.M.

ROSSANA ROSADO. Secretary of State

Brandon C Higher

By Brendan C. Hughes Executive Deputy Secretary of State

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