## Y22000001635

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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FALLAHASSER ETTE

S. FRANKLIN

S. FRANKLIN MAR 2 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 561244 8330668

AUTHORIZATION : STOCKE NO.

COST LIMIT : \$ 70.00

ORDER DATE : March 17, 2022

ORDER TIME : 8:57 AM

ORDER NO. : 561244-005

CUSTOMER NO: 8330668

FOREIGN FILINGS

NAME: TRADESPORTS TECHNOLOGY

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

HOLDINGS, INC.

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TPADES PORTS TE	ECHNOLOGY HOLDINGS, INC.
Name of corporat	ion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation of "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	tanding" and check are submitted to register the
Please return all correspondence concerning this ma	tter to the following:
ZONALD BORN.	STEIN
Name	of Person
TRADESPORTS TECHN	of Person HOLOGG HOLDINGS, INC.
Firm/C	ompany /
7500 MIDNIGHT DASS	Rond
Ad	dress
SARASOTA FL  City/State  PON - BERNSTEIN C TRNES  E-mail address: (to be use	3+2+2
City/State	and Zip code
ZON-BERNSTEIN ( TRAVES	PORTS, COM
E-mail address: (to be use	d for future annual report notification)
For first or information and a strict manager of	
For further information concerning this matter, pleas	e can:
Name of Person at (20)	650 5235
Name of Person Area C	ode Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
The Centre of Tallahassee	P.O. Box 6327
2415 N. Monroe Street, Suite 810	Tallahassee, FL 32314
Tallahassee, FL 32303	
Enclosed is a check for the following amount:	
Please make check payable to: FLORIDA DEPARTMEN	
□ \$70.00 Filing Fee   □ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

## 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.

1. TR	402570075	rectivologo	7 100	DINGS, INC.	
(Enter name of "Inc.," "Co.," "	corporation; must include " Corp," "Inc," "Co," or "Corp	INCORPORATED;"  "( v.")	COMPAN	Y," "CORPORATION,"	
	•	,			
(If name unava	lable in Florida, enter alterr	ate corporate name ado	pted for the	purpose of transacting business in Florida)	
2. <u> </u>	E	<u> </u>	94)	92-3219048 (FEI number, if applicable)	
(State or coun	try under the law of which i 0/3/2017	is incorporated)		(FEI number, if applicable)	
	e of incorporation)	5		e of duration, if other than perpetual)	
(Dat	e of incorporation)	400	(Date	e of duration, if other than perpetual)	
6	<u> 460 T.</u>	APRIL	, 20-	21	
	(SEE SECTIONS	6 607.1501 & 607.1502,	F.S., to de	termine penalty liability)	
7. 7500	nioniate this	A2 45 2	ParSoi	FA, FL 34242— ESS)  FESIA KEZ, FL 34242  INTERENTIAL KEZ, FL 34242	
		(Principal office g	treet addre	ess)	
6547	MIDNIGHT A	155 2D #4	7 5	10514 KB, FL 3/242	
<del></del>		(Current mailing ac	idress, if di	ifferent)	
0.31					
8. Name and stre	et address of Florida regi		ox <u>NOT</u> :	acceptable)	
Name:	Corporation Service Co	mpany	_		
Office Address:	1201 Hays Street				
	Tallahassee		<del>-</del>	32301	
	(Cit	v)	_, Florida	a 32301 (Zip code)	
		,		(Zip code)	
9. Registered ag	ent's acceptance: sed as registered agent a	nd to accent service o	f neocess	for the above stated corporation at the place	
designated in this	application, I hereby ac	cept the appointment	t as regist	ered agent and agree to act in this capacity.	1
further agree to c	omply with the provision with and accept the obli	is of all statutes relati	ive to the	proper and complete performance of my dut	les,
juintisui	with and accept the out	ganons of my position	in as regu	sterea agent.	
C	Corporation Service Go	mpany,			
	y: (llexus U	leitend assistant	va oresi	dint	
	(R	lited assistent	urc)		
10. Attached is a				n 90 days prior to delivery of this application	to
the Department of	State, by the Secretary of	f State or other offici	al having	custody of corporate records in the jurisdiction	n

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

under the law of which it is incorporated.

A. DIRECTORS	•		_				
□ Chairman	Name: RONARD A BORASTED A	□ Chairman	Name: <u>IMANTS</u> AUZINS  Address: 88 ALBORT ST.  LONDON NNI TNR (UK				
☐Vice Chairman	Address: 7500 M. D. NIGHT PASS ED	□Vice Chairman	Address: 88 ALBORT ST.				
Director	SARASOTA, FL 34242	Soirector					
□President		□President					
☐Vice President		□Vice President					
☐ Secretary	Treasurer	☐ Secretary	□Treasurer				
Other		Other	Other				
☐ Chairman	Name:	□ Chairman	Name:				
	Address:	□Vice Chai <del>rman</del>	Address:				
Director		Director					
□President		□President					
□Vice President		☐Vice President					
Secretary	☐Treasurer	☐ Secretary	☐Treasurer				
□Other		□ Other					
□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	☐ Vice Chairman	Address:				
Director		□Director	<del></del>				
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 Fidrida Department of State Annual Report form.  20 No. 10 Beauston							
12	Signature of Director o	LOWALD D	Descriptor				
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 5.817.155, F.S.  Provided A BECASTEN OIFECTOR							
13. (Typed or printed name and capacity of person signing application)							

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TRADESPORTS TECHNOLOGY HOLDINGS, 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 SEVENTEENTH DAY OF MARCH,

A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRADESPORTS TECHNOLOGY HOLDINGS, INC." WAS INCORPORATED ON THE THIRD DAY OF OCTOBER, A.D. 2017.

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

Authentication: 202942458

Date: 03-17-22

6556145 8300 SR# 20221051929