172000003091

(Re	questor's Name)	
(Ad	dress)	
(AA)	dress)	
(10)	uiess)	
(Cit	y/State/Zip/Phone	e #)
	_	
PICK-UP	WAIT	MAIL
	siness Entity Nar	ne)
(Du	Siness Enuty Nai	ne,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
r		
Special Instructions to	Filing Officer:	

Office Use Only



200385961752

RECEIVED

APR 2.9 2027 05/02/22-01005-014 ••70.00

2022 APR 29 PH 5: 04

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Covergame USA Inc	5.		
30bJEC1.	Name of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corpora	rtificate of Good Standi	ng" and check are submitt	
Please return all correspondence	concerning this matter to	o the following:	
Kristie Washington			
	Name of Pe	erson	
ILSA, Inc.			
	Firm/Comp	any	
111 N. Railroad St.			2022 APR
	Addres	<u> </u>	7 7
Groesbeck, TX 76642			R 2
	City/State and	ł Zip code	
david.webb@playershealth.com			·
E-mai	address: (to be used for	r future annual report notif	fication) ORIGINAL OF
For further information concerning	ng this matter, please cal	II:	10 A
Kristic Washington	at (254	729-6164	
Name of Person	Area Code	Daytime Telephone	e Number
STREET/COURIER AND Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	c	MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassec, FL 3	on orations
	RIDA DEPARTMENT (.75 Filing Fee &		3 \$87.50 Filing Fee, 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.

(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	ng business in Florida)
2. DE	3. 82	323768899	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 01/26/2021	5	(Date of duration, if other	
(Date	of incorporation)	(Date of duration, if other	than perpetual)
6		<u>-</u>	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ity)
718 Washington	Avenue N, Suite 402 Minneapolis, MN 55401		• /
/	(Principal office	street address)	7 20 20 E
			2022 A SELI
	(Current mailing a	address, if different)	APR
			PR 29 PM 5: 04
8. Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	P. P.
Name:	Corporate Creations Network Inc.		-1.0110. -1.016 -2.016
Office Address:	801 US Highway 1		30,30
	North Palm Beach		·
	(City)	, Florida (Zip code)	
0 D	,		
	ent's acceptance: ned as registered agent and to accept service	of process for the above state	d corporation at the pl
designated in this	application, I hereby accept the appointmen	nt as registered agent and agr	ree to act in this capaci
	comply with the provisions of all statutes rela r with and accept the obligations of my posit		
	The state of the s	Λ Λ	
_		1 / Jul -	
	عاد arlos M Alvarez, Special Secretary		

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Tyrre Burks □ Chairman Chairman 718 Washington Avenue N, Suite Address: _____ ☐ Vice Chairman ☐ Vice Chairman Address: Minneapolis, MN 55401 Director □ Director □ President □President □Vice President □Vice President □ Secretary ☐ Treasurer □ Secretary Treasurer ■Other CEO □Other _____ Other____ Other _____ Name: _____ □ Chainnan Name: ______ □ Chairman ☐ Vice Chairman □Vice Chairman Address: _____ Address: Director ☐ Director □President □President □Vice President □Vice President ___ □Treasurer ☐ Treasurer ☐Secretary □ Secretary □Other _____ Other _____ □Other _____ Other ☐ Chairman Name: _____ ☐ Chairman ☐ Vice Chairman Address: □Vice Chairman Address: □ Director ☐ Director □ President □President □Vice President ☐ Vice President ☐ Treasurer ☐ Treasurer ☐Secretary □Secretary ☐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. 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. Tyrre Burks CEO 13.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "COVERGAME USA 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 FIRST 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 "COVERGAME USA INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2021.

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

Authentication: 202794763

Date: 03-01-22