

F22000006905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

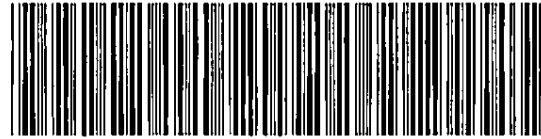
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 09 2022

K. Brumble

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/08/2022

Acc#120160000072



Name:	Pickleball of America Inc.
Document #:	
Order #:	14624362

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Document _____
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Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 87.50

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pickleball of America Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joshua Rocha

Name of Person

Feinberg Hanson LLP

Firm/Company

855 Boylston Street, 8th Floor

Address

Boston, MA 02116

City/State and Zip code

maxwellempion@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Rocha at (617) 603-3304

Name of Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$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.

1. Pickleball of America Inc.
(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)

2. Delaware 3. 92-0274332
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 20, 2022 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 40 Fieldstone Way, Wellesley, MA 02482
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Robert Bowman

Office Address: 1060 2nd Street

S. Naples, Florida 34102
(City) (Zip code)

2022 NOV -8 AM 9:53
APPROVED AND FILED

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.

DocuSigned by:
[Signature]
6F72A4FFB-0B6407 (Registered agent's signature)

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

Chairman Name: Maxwell Campion

Vice Chairman Address: 40 Fieldstone Way

Director Wellesley, MA 02482

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Maxwell Campion

Vice Chairman Address: 40 Fieldstone Way

Director Wellesley, MA 02482

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Steven Shanks

Vice Chairman Address: 40 Fieldstone Way

Director Wellesley, MA 02482

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Michael Kropko

Vice Chairman Address: 40 Fieldstone Way

Director Wellesley, MA 02482

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Robert Bowman

Vice Chairman Address: 40 Fieldstone Way

Director Wellesley, MA 02482

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: Michael Dee

Vice Chairman Address: 40 Fieldstone Way

Director Wellesley, MA 02482

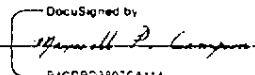
President _____

Vice President _____

Secretary _____ Treasurer _____

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.  _____
DocuSigned by
Maxwell P. Campion
84CDB03997C8474 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.

13. Maxwell Campion _____
 (Typed or printed name and capacity of person signing application)

Delaware


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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PICKLEBALL OF AMERICA 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-EIGHTH DAY OF OCTOBER, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

6924176 8300

SR# 20223889911

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204732347

Date: 10-28-22