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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			•		 -
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FOREIGN PROFIT/NONPROFIT CORPORATION THE COLLEGE HOCKEY NETWORK INC.

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S. ROBERTS

NOV 1 5 2022

COVER LETTER

TO: Registration Section Division of Corporation	ns		
SUBJECT: THE COLLEGE	HOCKEY NETWORK IS	NC.	
	Name of corporatio	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or above referenced foreign corporately."	Certificate of Good Sta	nding" and check are sub	
Please return all corresponden	ce concerning this matte	er to the following:	
Cheyenne Moseley			
-	Name of	Person	
Legalzoom.com, Inc.			
	Firm/Cor	npany	
101 N Brand Blvd 11th FI			
	Add	ress	<u>, </u>
Glendale, CA 91203			
	City/State	and Zip code	
Max@collegefootballnetworkine	.com		
E-n	ail address: (to be used	for future annual report i	notification)
For further information concer	ning this matter, please	call:	
Cheyenne Moseley	800 at (773-0888	
Name of Person	Area Coo	de Daytime Telep	hone Number
STREET/COURIER Registration Section Division of Corporatio The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	ns see t, Suite 810	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	iection orporations 7
	ORIDA DEPARTMEN	T OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

From: Sylvia Paul

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.

	 		 		
ime unavail:	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	g business fi	i Florida)	
маге 	3				
ite or countr	y under the law of which it is incorporated)	(FEI number, it applicable)			
	5.				
(Date	of incorporation)	(Date of duration, if other t	(Date of duration, if other than perpetual)		
-	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		y)		
SW 9th Kd.					
5002 C	·	: <u>street</u> address)			
07 3407, ()		- 14 (C.1) (C)(1)	****************		
	(Current maning	address, it different)	; -	022	
ie and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	•	3 022 NOT 15	
Name:	United States Corporation Agents, Inc.			ت.	
Address:	5575 S. Semoran Blvd., Suite 36				
tadios.	Orlando		•	ց. կ 3	
				ယ	
	9/2022 (Date SW 9th Rd. Sox 5902, Grain and street	(Date of incorporation) (Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 SW 9th Rd., Apt 206, Gainesville, Florida 32601 (Principal office fox 5902, Gainesville, Florida 32627 (Current mailing are and street address of Florida registered agent: (P.O. Name: United States Corporation Agents, Inc. S575 S. Semoran Blvd., Suite 36	(Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability (Principal office street address) (Outenance of Florida 32627 (Current mailing address, if different) (Current mailing address, if different) Name: United States Corporation Agents, Inc. Address: Orlando (FEI number. if apprior to penalty liability (Page 507.1502, F.S., to determine penalty liability (Principal office street address) (Current mailing address, if different) Address: Florida 32822	(Date of incorporation) (Date of duration, if other than perpetus of the principal of the penalty liability) SW 9th Rd. Apt 206, Gainesville, Florida 32601 (Principal office street address) (Ourrent mailing address, if different) (Current mailing address, if different) (Current mailing address, if different) (Date of duration, if other than perpetus of the penalty liability) (Principal office street address) (Current mailing address, if different) (Current mailing address, if different)	

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 Maxwell Robert Carter □Chairman Chairman 1257 SW 9th Rd □ Vice Chairman Address: _ □Vice Chairman Address: Apt 206 Director **■** Director Gainesville, Florida 32601 President President ☐ Vice President ☐Vice President ☐ Treasurer □ Secretary Secretary Treasurer Other_ Other_ □ Chairman □Chairman . Name: □Vice Chairman Address: ___ UVice Chairman Director Director C.Presideat ☐ President □Vice President ☐ Vice President ☐ Treasurer ☐ Secretary ☐ Treasurer ☐ Secretary Other_ Other ____ Other __ □Other _ □ Chairman □Chairman Name: Name: _ ☐Vice Chairman Address; □Vice Chairman Address: __ □Director □Director President □President ☐Vice President ☐Vice President ☐Secretary ☐T(casurer ☐ Secretary ☐Treusurer ☐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. Maxwell Robert Carter, President

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



Page 1

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

DELAWARE, DO HEREBY CERTIFY "THE COLLEGE HOCKEY NETWORK 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 TENTH DAY OF NOVEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE COLLEGE HOCKEY NETWORK INC." WAS INCORPORATED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

at corp.delaware.gov/auth

Authentication: 204828018

Date: 11-10-22