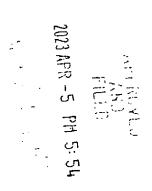
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04/05/23

NAME: PRO PADEL LEAGUE OPERATIONS, INC.

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	O: Registration Section Division of Corporations				
SURJE	FCT.	Pro Padel League Operations, Ir	ic.		
5000		Name of	corporation	- must include suffix	
Dear Si	r or M	adam:			
"Certifi	icate of	"Application by Foreign Corp Existence," or "Certificate of ced foreign corporation to tran	Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the is in Florida.	
Please	return :	ill correspondence concerning	this matter	to the following:	
Jeff Siv	ek				
			Name of	Person	
Denton	s US LI	_P			
			Firm/Con	pany	
1900 K	St. NW	!			
		4,28.00	Addr	ess	
Washin	igton, D	.C. 20006			
		(City/State a	nd Zip code	
jeff.sive	ek@der	ntons.com			
		E-mail address: (to be used	or future annual report notification)	
For fur	ther in	formation concerning this mat	ter, please o	all:	
Jeff Siv	rek	at	202	_) 496-7177	
	Nam	e of Person	Area Cod	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			
Please r	nake ch	check for the following amoustick payable to: FLORIDA DEPing Fee S78.75 Filing Certificate of	ARTMENT Fee & - [OF STATE 3 S78.75 Filing Fee & S87.50 Filing Fee. Certified Copy Certified Copy 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. Pro Padel League Operations, 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) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 7. 1012 College Road, Suite 201, Dover, DE 19904 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CCS Global Solutions, Inc. Name: 155 Office Plaza Drive, 1st Floor Office Address: (City) , Florida (Zip code) Tallahassee 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. /s/ Joanne DeCandia-Caswell

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.

(Registered agent's signature)

DocuSign Envelope ID: BDC92B15-B377-4372-A3D2-CE134AF37C64 A. DIRECTORS Marcos del Pilar □ Chairman □ Chairman 1012 College Road, Suite 201 Address: ______ □ Vice Chairman Address: _ □ Vice Chairman Dover, DE 19904 □ Director Director □President □President □ Vice President □ Vice President □Treasurer □ Secretary □Treasurer □ Secretary Commissioner Other ___ ☐Other _____ □Other _____ □ Other ______ Name: Keith Stein Name: _____ □ Chairman □ Chairman □Vice Chairman Address: 1012 College Road, Suite 201 □Vice Chairman Address: ______ Dover, DE 19904 Director Director □President □President ☐ Vice President □Vice President _____ □Treasurer □ Secretary □Treasurer □Secretary □Other _____ □Other _____ □Other _____ □Other _____ Chairman Name: _____ Name: _____ □ Chairman □ Vice Chairman Address: _____ □ Vice Chairman Address: ______ □ Director □ Director □President □President □ Vice President □ Vice President □ Treasurer □ Secretary □Treasurer □ 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. Marcos 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. Marcos del Pilar

(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 "PRO PADEL LEAGUE OPERATIONS, 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 FOURTH DAY OF APRIL, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRO PADEL LEAGUE OPERATIONS, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF JANUARY, A.D. 2023.

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

Authentication: 203075642

Date: 04-04-23