## F24000000965

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900424013169

2074 FLB 20 PN 3: 2

2024 FIEB 20 PH 4

THE PARTY

FEB 2 0 2024 K. Brumble) CSC - Tallahassee **CSC** 1201 Hays Street Tallahassee, FL 32301-2607

850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 02/14/24 Order #: 1420062-1

Re: T20 World Cup Usa Inc. Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.0 - FL State Account Number:

12000000195 Certificate of Good Standing from State of Incorporation

AUTH:

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

	ration Section on of Corpora				
SUBJECT:	T20 World	Cup USA, Inc.			
SUBJECT.	<del>_</del>	Name of c	orporation - t	nust include suffix	
Dear Sir or Ma	adam:				
"Certificate of	Existence," o	by Foreign Corpo or "Certificate of ( rporation to trans	Good Standir	thorization to Transact ag" and check are subn in Florida.	t Business in Florida," nitted to register the
Please return a	ıll correspond	ence concerning	this matter to	the following:	
<b>Brett Jones</b>	ı				
			Name of Pe	rson	
T20					
	<del></del>		Firm/Compa	ny	
1631 Mesa	Avenue, Si	uite B, Copper	Building		
_			Address		
Colorado S	prings, CO	80906			
		C	ity/State and	Zip code	
brett.jones(	@t20worldc	up.com			
	I	E-mail address: (t	o be used for	future annual report n	otification)
For further inf	formation con	cerning this matte	er, please cal	l:	
Daniel She	erin	at :	(310	340-6334	
Name	e of Person		Area Code	Daytime Teleph	none Number
Regis Divis The C 2415	tration Section ion of Corpora Centre of Talla	ations hassee reet, Suite 810		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, F.	ection orporations
	eck payable to	following amount FLORIDA DEPA  \$78.75 Filing F Certificate of S	ARTMENT C	F STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

120 WORD CUP USA Inc.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"					
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")		·		
(If name unawaik	able in Florida, onter alternate communications	lead for the second	1		
Delaware		adopted for the purpose of transacting business in Florida) 93-2723688			
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)			
May 3, 2023	5				
	of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)		
·					
	(Date first transacted business in )		lina		
	7 YER SECTIONS AND 1501 & AND 150				
1631 Mesa A	(SEE SECTIONS 607.1501 & 607.150 venue, Suite B. Copper Building, Co	, ,	• •		
1631 Mesa A	venue, Suite B, Copper Building, Co	, ,	• •		
1631 Mesa A	venue, Suite B, Copper Building, Co	lorado Springs, CO 80900	• •		
1631 Mesa A	venue, Suite B, Copper Building, Co (Principal office	lorado Springs, CO 80900	• •		
	venue, Suite B, Copper Building, Co (Principal office	lorado Springs, CO 80906 street address) address, if different)	• •	202	
Name and stree	venue, Suite B, Copper Building, Co (Principal office (Current mailing	lorado Springs, CO 80906 street address) address, if different)	• •	2024 F.E	
. Name and <u>stree</u> Name:	(Current mailing et address of Florida registered agent: (P.O.	lorado Springs, CO 80906 street address) address, if different)	• •	2024 FEB 20	
. Name and stree	(Principal office (Current mailing et address of Florida registered agent: (P.O.	lorado Springs, CO 80906 street address) address, if different)	• •	2024 FEB 20 PH 4:	

Les Nickel | Assistant Secretary
(Régistered agent's signature)

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.

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,

A. DIRECTORS	•						
□ Chairman	Name: Peter Hutton	□ Chairman	Name:				
□Vice Chairman	Address: 252 East Oakwood Boule	□Vice Chairman	Address: West 120th Street				
Director	Redwood City, CA 94061	Director	APT 73				
□President		☐President	New York, NY 10027				
□Vice President		□Vice President					
□Secretary	Treasurer	Secretary	Treasurer				
□Other	Other	Other	Other				
□ Chairman	Name: Catherine Carlson  Address: 168 39th Street	□Chairman	Name:				
. /	7th Floor		Address:				
Director	Brooklyn, NY 11232	Director					
□President		□President					
□Vice President		□Vice President					
☐Secretary	□Treasurer	□ Secretary	□Treasurer				
Other	Other	□Other	Other				
□Chairman	Name:	<b>□</b> Chairman	Name:				
□Vice Chairman	Address:	☐Vice Chairman	Address:				
□Director		□Director					
□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 Florida Department of State Annual Report form.  12. 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. Brett Jones, CEO

Page 1



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

DELAWARE, DO HEREBY CERTIFY "T20 WORLD CUP 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 FOURTEENTH DAY OF FEBRUARY, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "T20 WORLD CUP USA INC." WAS INCORPORATED ON THE THIRD DAY OF MAY, A.D. 2023.

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

STATE OF THE PARTY OF THE PARTY

Authentication: 202806203

Date: 02-14-24