

M02000001722

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Affiliated Sports Pay, LLC

400006130304--2
-07/01/02--01081--011
****125.00 ****125.00

Dear Sir or Madam:

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida", "Certificate of Existence", "Certificate of Designation of Registered Agent/Registered Office" and check are submitted to register the above referenced foreign liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bruce E. Bell
Schoenberg, Fisher, Newman & Rosenberg, Ltd.
222 S. Riverside Plaza
Suite 2100
Chicago, IL. 60606

For further information concerning this matter, please call:

Bruce E. Bell at 312/648-2300.

Enclosed is a check for \$125.00 for Filing Fee for Application and Designation of Registered Agent.

FILED
02 JUL - 1 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/2/02

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Affiliated Sports Pay, LLC
(Name of foreign limited liability company)
2. Delaware 3. 36-4476105
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. September 24, 2001 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. June 20, 2002
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1516 N. Fremont
Chicago, IL. 60622
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Marc L. Bortz - 1516 N. Fremont, Chicago, IL. 60622

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: To operate sport and social clubs engaged in the recreational sport and event planning business

X

[Signature]
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Marc L. Bortz, Member

Typed or printed name of signee

FILED
02 JUL -1 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Affiliated Sports Pay, LLC

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 S. Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation

FL

33324

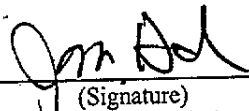
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUL -1 AM 9:57

FILED

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


(Signature)

James M. Halpin
Assistant Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AFFILIATED SPORTS PAY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JUNE, A.D. 2002.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3438663 8300

AUTHENTICATION: 1822091

020371082

DATE: 06-10-02