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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Duningas Entity Alaysa)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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W16-54323						

Office Use Only



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15 AUG -4 AM 10: 00



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2016

CRYSTAL UMPIERRE 12325 SW 131ST AVENUE MIAMI, FL 33186

SUBJECT: NF SPORTS LLC Ref. Number: W16000054323

We have received your document for NF SPORTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II Letter Number: 016A00016544

SECRETARY OF SINISH TALL AHASSEE, FLORIDA

COVER LETTER

CUDIECT.	NE	Soute	11/			
SUBJECT:		Sports Name of	Limited Liability Compan	y	-	
The enclosed "Applicat Existence, and check ar	ion by Force e submitted	eign Limited Liability Com I to register the above refer	pany for Authorization to renced foreign limited liabi	Transact Business in Florida, lity company to transact busi	" Certificat iness in Flo	e of rida
Please return all corresp	ondence co	oncerning this matter to the	e following:			
		Crystal	Umpierre Name of Person		-	
		NF Sp	irm/Company		_	
	12	325 SW 13	Address		- න්	141
Miami, FL 33186 City/State and Zip Code					AUG -	CRE TAIR
	crys-	talarhino co			r am 10: 00	SECTION ST
For further information	concerning	this matter, please call:			00	ATE A
Crysta	Name of	1 pierre Contact Person	at (<u>305</u>) <u>2</u>	18 - 1636 Paytime Telephone Number	_	
MAILING AI Division of Co Registration So P.O. Box 6327	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
Enclosed is a check for \$125.00 Fili		ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	z □ \$160.00 Filing Fee, C of Status & Certified Co		

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: NF Sports LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware State (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) SW 13154 33186 (Street Address of Principal Office) Miami, FL 33186 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Crystal Umpierre Name: Office Address: __, Florida <u>33186</u> Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: thinow Inc., Michael Alfaro, Director, 12333 SW 131st Ave, Miami, Fl 33186 thinowlne, Nathan Forster, Director, 12333 SW 1314 Ave Miami, FL 33186 9. Attached is a 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. (If the certificate is in foreign language, a translation of the certificate under oath of the translator must be submitted) . Michael Alfaro Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Typed or printed name of signec

, Michael Alfaro

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "NF SPORTS 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 TWENTY-NINTH DAY OF AUGUST, A.D. 2016.

TALLEMENT AM 10: 00

6052353 8300

Authentication: 202901137

Date: 08-29-16

STATEMENT OF AUTHORIZED PERSON

STATEMENT OF ORGANIZATION

OF THE AUTHORIZED PERSON OF

NF Sports LLC

We, Harvard Business Services, Inc., the Authorized Person of NF Sports LLC -- a Delaware Limited Liability Company -- hereby certify pursuant to Section 18-201 of the Delaware Limited Liability Company Act and to the best of my knowledge that:

- 1. The Certificate of Formation of NF Sports LLC was filed with the Secretary of State of Delaware on May 26, 2016.
- 2. On May 26, 2016 the following person(s) were named as the Managing Member(s) of the Limited Liability Company until their successors are elected and qualify:

Rhinoco Inc.

3. The undersigned signatory hereby resigns as the authorized person of the above named Limited Liability Company.

In witness whereof, I have signed this instrument as of the date when these actions were so taken this 26th day of May, 2016.

Harvard Business Services, Inc., Authorized Person

I hohad H. Poon #

By: Richard H. Bell, President

16 AUG -4 AM 10: 00