Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002434023)))



H160002434023ABCVV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

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

Email

Address:

## Foreign Limited Liability Company Buccaneers Team LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2016 SEP 30 MM 9: 49
PALLAHASSEE FINANTI

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY OCT -3 2016

## 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: Buccaneers Team 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.") 2 DE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) 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) One Buccaneer Place Tampa, FL 33607 (Street Address of Principal Office) One Buccaneer Place Tampa, FL 33607 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) David S. Cohen Name: One Buccaneer Place Office Address: Tampa (City) Registered agent's acceptance: Having been named as registered agent and to accept sarvice 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 gs 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: Joel M. Glazer, Vice President of Manager of Sole Member One Buccaneer Place Tampa, Florida 33607 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 a foreign language, a translation of the certificate under oath of the translator must be submitted) 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. Stacy Briggs, Authorized Person

Typed or printed name of signee

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BUCCANEERS TEAM 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 SEPTEMBER, A.D. 2016.

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

2016 SEP 30 AH 9: 49

2497832 8300 SR# 20166003869

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffter W. Budlack, Secretary of State

Authentication: 203083182

Date: 09-29-16