

MI7000000186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

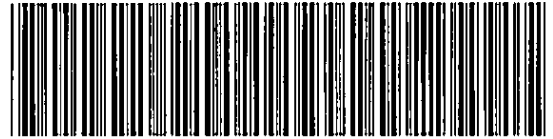
(Document Number)

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2021 NOV -9 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2021 NOV -9 PM 1:57  
RECEIVED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sightline Payments LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elaine M. Carter

\_\_\_\_\_  
Name of Person

Sightline Payments LLC

\_\_\_\_\_  
Firm/Company

6750 Via Austi Parkway, Suite 130

\_\_\_\_\_  
Address

Las Vegas NV 89119

\_\_\_\_\_  
City/State and Zip Code

ecarter@sightlinepayments.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaine M. Carter

\_\_\_\_\_  
Name of Person

at ( 702 ) 985-1228

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

2021 NOV -9 PM 2: 28

SECRET

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Sightline Payments LLC

Enter new principal office address, if applicable: N/A

*(Principal office address*

**MUST BE A STREET ADDRESS**

Enter new mailing address, if applicable:

N/A

*(Mailing address*

**MAY BE A POST OFFICE BOX**

2. The Florida document number of this limited liability company is: M17000000186

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/06/2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

9 New Adds (4 Manager/5 Director) - 25 Remove

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager Co-CEO	Pappano, Joseph A.	3 E. Rookwood Drive, Cincinnati OH 45208	<input checked="" type="checkbox"/> Add
Manager Co-CEO	Sattar, Omer F.	662 Tam O'Shanter, Las Vegas NV 89109	<input checked="" type="checkbox"/> Add
Manager CFO	Gronen, John R.	2340 Heatherwoods Way, Carrollton TX 75007	<input checked="" type="checkbox"/> Add
Manager COO	Sears, Thomas M.	193 Webster Way, Henderson NV 89074	<input checked="" type="checkbox"/> Add
Director	Chambers, Elizabeth G.	433 Gore Creek Drive, #3B, Vail CO 81657	<input checked="" type="checkbox"/> Add
Director	Cruz, Christopher N.	3786 Howard Hughes Pkwy 509 Las Vegas NV 89169	<input checked="" type="checkbox"/> Add
Director	Ducommun, David W.	4174 Mont Blanc Way, Mt Charleston NV 89124	<input checked="" type="checkbox"/> Add
Director	Foley, William P. II	11795 Stardust Drive, Las Vegas NV 89135	<input checked="" type="checkbox"/> Add
Director	Kortschak, Walter G.	3224 Castle Creek Road, Aspen CO 81611	<input checked="" type="checkbox"/> Add


**Remove All Below**

Manager, CEO - Sanford, Kirk E  
Manager, EVP - Sattar, Omer F  
Manager - Rowe, Bruce C  
Member - 3LB Investments LP  
Member - Article I Trust under the Hagerty 2015 Irrevocable Trust for Elizabeth H. Dessen  
Member - Article I Trust under the Hagerty 2015 Irrevocable Trust for Harry C Hagerty III  
Member - Article I Trust under the Hagerty 2015 Irrevocable Trust for John C. Hagerty  
Member - Kelly, Charles  
Manager - Lim, Chee Heong  
Member - Ferengi Ventures I LLC  
Member - Genting U.S. Interactive Gaming Inc.  
Member - Ilha Investors I LP

**Remove All Below**

Manager - Farr, J. Paul  
Manager - Dominelli, John  
Member - Kortschak Investments L.P.  
Manager, CFO President - Falcone, Marc  
Member - Sightline PU Holdings  
Member - The Brian H. Greene Trust  
Member - The HCH 2010 Revocable Trust  
Member - The Kludjian Family Trust  
Member - The Tom and Sharon Sears Trust  
COO, Executive Vice President - Sears, Thomas M.  
Member - Union Gaming Group  
Member - Vantiv Gaming Solutions LLC  
Manager - Walter G. Kortschak

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

John R. Gronen

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIGHTLINE PAYMENTS 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-SEVENTH DAY OF OCTOBER, A.D. 2021.

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



4362027 8300

SR# 20213630664

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204527515

Date: 10-27-21