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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SOUTH FLORIDA SELECT FOOTB	ALL
LLC	
	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Ti	me UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter a			
	Iternate name adopted for the purpose of transact	ting business in Florida. The alternate name	must include "Limited
Liability Company," "L.L.C,		me onomion in closing the arrange in-	
New York	3. 80-	-0805547	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	_
I	(Date first transacted business in Florid	a, if prior to registration.)	
327 County Route 12	(See sections 605.0904 & 605.0905, F.S. 1	to determine penalty liability)	
East Meridith, NY 137	757		17 HK 21
	(Street Address of Principal Of	fice)	Ţō
5. PO BOX 64		·	2
East Meridith, NY 137	757		
	(Mailing Address)		- 🤃
. Name and street addres	ss of Florida registered agent: (P.O. Box N	OT acceptable)	<u>ယ</u>
Name:	Your Capital Connection, Inc.	, ,	
Office Address:	417 E. Virginia St. Ste 1.		
·	Tallahassee	, Florida <u>32301</u>	
	(City)	(Zip code)	
	egistered agent and to accept service of pro- ction, I hereby accept the appointment as re		
o complywith the provisincept the obligations of	ons of all statutes relative to the proper and my position as registered agent.	d complete performance of my duties, a	capacity. I juriner agr and I am familiar with
complywith the provisi ecept the obligations of	ons of all statutes relative to the proper and my position as registered agent. /S/ Seth Neeley Signing on behalf of Your	Capital Connection, Inc.	capacity. I juriner agr and I am familiar with
o complywith the provisi accept the obligations of	ons of all statutes relative to the proper and my position as registered agent.	Capital Connection, Inc.	capacity. I jurnier agr and I am familiar with
o complywith the provising cept the obligations of i	ons of all statutes relative to the proper and my position as registered agent. /S/ Seth Neeley Signing on behalf of Your	Capital Connection, Inc.	capacity. I juriner agr and I am familiar with
o complywith the provision coupt the obligations of in the obligations of in the obligation of in the or capacitation.	ons of all statutes relative to the proper and my position as registered agent. (S/ Seth Neeley Signing on behalf of Your (Registered agent's acity and address of the person(s) who has/h	Capital Connection, Inc.	capacity. I juriner agr and I am familiar with
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o complywith the provision country the obligations of a secret the obligations of a secret the name, title or capa MICHAEL A. TRACY, Secret Country Route 12	ons of all statutes relative to the proper and my position as registered agent. /S/ Seth Neeley Signing on behalf of Your (Registered agent's acity and address of the person(s) who has/h SR. Manager	Capital Connection, Inc.	capacity. I juriner agr and I am familiar with
B. The name, title or cape MICHAEL A. TRACY, S B27 County Route 12 East Meridith, NY 13757 Attached is a certificate urisdiction under the law	ons of all statutes relative to the proper and my position as registered agent. /S/ Seth Neeley Signing on behalf of Your (Registered agent's acity and address of the person(s) who has/h SR. Manager of existence, no more than 90 days old, duly of which it is organized. (If the certificate is	Capital Connection, Inc. signature) ave authority to manage is/are:	and I am familiar with
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8. The name, title or cape MICHAEL A. TRACY, S 327 County Route 12 East Meridith, NY 13757 2. Attached is a certificate urisdiction under the law of the translator must be s This document is executed	ons of all statutes relative to the proper and my position as registered agent. /S/ Seth Neeley Signing on behalf of Your (Registered agent's acity and address of the person(s) who has/h SR. Manager of existence, no more than 90 days old, dul of which it is organized. (If the certificate is ubmitted) /S/ Michael A Tracy Signature of an autho	Capital Connection, Inc. Signature) ave authority to manage is/are: y authenticated by the official having cuts in a foreign language, a translation of the rized person), Florida Statutes. I am aware that any fine company is the control of the rized person.	and I am familiar with

State of New York Department of State } ss

I hereby certify, that SOUTH FLORIDA SELECT FOOTBALL LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/20/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 30th day of March two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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