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SECRETARY OF STATE

J Shills

COVER LETTER

TO: Registration Section

SUBJECT:		Name of I	Limited Liability Company				
The enclosed Existence, an	I "Application by Fond check are submitted	reign Limited Liability Comp ed to register the above refere	pany for Authorization to Trenced foreign limited liability	ansact Business in Florida," Certificate o y company to transact business in Floric			
Please return	all correspondence	concerning this matter to the	following:				
	KEVIN BARU	JA					
		N	ame of Person				
	CORPORATE	FILINGS					
		Fi	rn/Company	<u>, , , , , , , , , , , , , , , , , , , </u>			
	7260 W. AZU	7260 W. AZURE DR STE 140-212					
			Address	<u>-</u>			
	LAS VEGAS,	NV 89130					
		City/S	tate and Zip Code				
	DOCSFROMSO	OS@GMAIL.COM					
		E-mail address: (to be use	I for future annual report no	otification)			
For further in	nformation concernit	ng this matter, please call:					
KEVIN BARUA		888 650-37	738				
	Name	of Contact Person	Area Code Da	ytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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

IN COMPILANCE 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:

2. WYOMING	ame adopted for the purpose of transacting busines	s in Florida. The alter	mate name must include "Limited Liab	ility Company," "L.L.C," or "LLC,")
<u> </u>		3.		
(Jurisdiction under the law of wi	ach foreign limited liability company is organized)		(FEI numb	er, if applicable)
4				
4	(Date first transacted business in Florids, if p (See sections 605 0904 & 605,0905, F.S. to	prior to registration.)	biling	·
, 11767 S. DIXIE HW			, -	
Street Address of P	rmcipal Office)	6	(Mailing Addr	E\$\$)
MIAMI, FL 33156		_		<u>~</u>
				F.C
7. Name and street addres	s of Florida registered agent: (P.O	Box NOT ac	ceptable)	AR ASS
	CORPORATION SERVICE (E O
Name:				$\mathbb{P}_{\omega}^{\mathbb{T}} \geq 0$
Office Address:	1201 HAYES STREET			97 A
	TALLAHASSEE		, Florida 32301	ã# T
	(City)	** *	(Zip code	
designated in this applica to comply with the provisi	tion, I hereby accept the appointm ions of all statutes relative to the pi s of my position as registered agen	nent as register roper and com	ed ayent and agree to act plete performance of my o	in this capacity. I further agre duties, and I am familiar with
designated in this applica to comply with the provisi and accept the obligation: 8. The name, title ox capt	tion, I hereby accept the appointmions of all statutes relative to the position as registered agenticity and address of the person(s) with the person with the person with the person with the person(s) with the person with the pe	ment as register roper and com it. ment Wo agent (spanure) who has/have as	ded agent and agree to act aplete performance of my act aplete. Assistant athority to manage is/are:	duties, and I am familiar with
designated in this applica to comply with the provisi and accept the obligation: 8. The name, title or cape Title or Capacity:	ition, I hereby accept the appointment on sof all statutes relative to the position as registered agent (Registered active and address of the person(s) was Name and Address:	ment as register roper and community with the second experience who has have at the second experience where the second experience which is the second experience whic	ed agent and agree to act plete performance of my of the performance of	in this capacity. I further agriduties, and I am familiar with
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designated in this applicate to comply with the provisional accept the obligation. 8. The name, title ox cape Title or Capacity: Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law	ion, I hereby accept the appointment on sof all statutes relative to the position as registered agent (Registered agent and Address) with a statute and address of the person(s) with a statute and address: ROBERTO DE LA CRUZ 11767 S. DIXIE HWY STEMIAMI, FL 33156 sary) of existence, no more than 90 days of which it is organized. (If the certain approximated)	mont woman and community with the proper and community with the property who has have at the property with the property	Jones, Assistant Athority to manage is/are: le or Capacity: menticated by the official hardoreign language, a translational parts and a coreign language, a translational parts and a coreign language, a translational parts and a coreign language.	in this capacity. I further agriduties, and I am familiar with VP Name and Address: ving custody of records in the

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

All-Star Alliance Sports and Entertainment Group LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 2, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000744527**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of August, 2017 at 3:55 PM. This certificate is assigned 023805419.

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.