### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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1.

To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 : (954)208-0845 Fax Number

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Email Address:\_

#### Foreign Limited Liability Company Bowlero Sawgrass, LLC

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Help

S. WARREN **DEC 0 4 2017** 

#### COVER LETTER

	Registration Division of C						
SUBJECT:							
The encle Existence	osed "Applice e, and check a	ition by Fore ire submitted	ign Limited Liability Comp to register the above refere	any for Authorization	on to Trac d liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida
Please re	tum all corres	spondence co	incerning this matter to the	fol <b>lowi</b> ng:			
	Ric	k Chung				-	
	<del></del>		Na	une of Person			
	Bowlmor-AMF Corp.						
			Fi	пп/Сотграту		THE PARTY OF THE P	
	222	West 44th S	treet				
Address							
New York, NY 10036							
			City/St	ate and Zip Code			
	rchur	ng@bowlmo	r-amf.com				
			F-mail address; (to be used	for future annual r	eport noti	heation)	
For furth	er informatio	n concerning	this matter, please call:				
Rick Chun				212 22	777-221	4 ext. 5255	
		Name of	Contact Person	Area Code	Dayt	ime 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 32361					
Enclosed	d is a check fo □ \$125.00 F	r the followi iling Fee	ng amount:  \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

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

IN COMPLIANCE WITH SPC COMPANY TO TRANSACT BU	TION (95,0902, FLORIDA STATUTES, ISINESS IN THE STATE OF FLORIDA:	THE FOLLOWING IS SO	HMITTEL) 10 REGISTER A	FOREIGN LIMITED LIABILITY
	Bowlero Saworass, LLC			
Name of For	ign Limited Liability Company; must	include "Limited Liabi	lity Company," "L.L.C.," or	; "LL.C.")
(If name unavailable, enter a Liability Company," "L.L.C,	ternate name adopted for the purpose "or "LLC.")	of transacting business	in Florida, The alternate na	me must include "Limited
2. Delaware		3	(FEI number, if applicable	laggerin i yan kanagi api aji awa iniskaliko ka kabapar ayann
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable	:)
4. N/A		·		···
	(Date first transacted busines (See sections 605,0904 & 605,0	is in Florida, it prior to r 1905, F.S. to determine p	egistration.) senalty liability)	
5. 222 West 44th Street				_ <del>_</del> <del>_</del> <del>_</del>
				— ·
	(Street Address of P	rincipal Office)		- 現: 子 コー
6. 222 West 44th Street	e de la companya del companya de la companya del companya de la companya del la companya de la c			
				1111 1111
	(Mailing A	(ddress)		
	s of Florida registered agent: (P.0			22 <b>3</b>
Name:	C T Corporation System		>>	
Office Address:	1200 South Pine Island Road	<i>3</i> .		
Office Address.	Plantation		Storida 33324	
	Plantation (City)		, Florida 33324 (Zip code)	·
designated in this applica to complywith the provisi accept the obligations of	tunce: gistered agent and to accept serve tion, I hereby accept the appoints ons of all statutes relative to the p my position as registered agent.  By:  (Registe	ment us registered ago proper and complete p	ent and agree to act in the performance of my dutie	nts capacity. I further agree is, and I am familiur with and
	(Registe	red agent's signature)		
8. The name, title or capa	acity and address of the person(s)	who has/have authorit	y to manage is/are:	
AMF Bowling Centers, h				***************************************
7313 Bell Creek Road				
Mechanicsville, VA 2311	1			
O Associated is a contificate	of existence, no more than 90 day	es old, duly authentica	ted by the official having	custody of records in the
jurisdiction under the law	of which it is organized. (If the ce	rtificate is in a foreign	language, a translation of	of the certificate under oath
of the translator must be s	ubmitted)	of an authorized person	•.	_
	Signature	of an authorized person		
This document is executed submitted in a document to	l in accordance with section 605.0 the Department of State constitut	203 (1) (b), Fiorida St tes a third degree felor	atules. I am aware that ar ny as provided for in s.81	ny false information 7.155, F.S.
	Brett I. Parker		a 41 day as a security per regular alpha and a security and a security	_
	Typed or p	unted name of signee		

# <u>Delaware</u> The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BOWLERO SAWGRASS, 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 NOVEMBER, A.D. 2017.

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

Authentication: 203646796

Date: 11-29-17

6635840 8300 SR# 20177282199

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