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livision of Corporations

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. (((H18000023578 3))) H180000235783ABC1 🖆 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 : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639 RECEIVED JAN 1 9 2018 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** 8 Email Address:___ - A class de la classificación de la classific ·----<u>و</u> Foreign Limited Liability Company ESPORTS PLAY LLC N त्रण्याः संदर्शनित सम्बद्धाः सम्बद्धाः अत्य प्रथतं स्वयं स्वयं स्वयं स्वयं स्वयं प्राप्ते स्वयं स्वयं स्वयं स्वयं Ģ 1 Certificate of Status Ś 0 Certified Copy inter ber 03 Page Count \$130.00 Estimated Charge

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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 FOREKON. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability	Comp*ny," "LLC.," or "LLC.")	
				<u> </u>
f name unavailable, enter alternate n	ime adapted for the purpose of transacting business in Fi	orida. The alt	ernale name must include "Limited Linhility C	naspany," "I, I, C," or "LLO
2. Delaware		3.		
(Jerndiction under the law of wh	high toreign limited liability company is organized)		(t El number, il'a	pplicable)
01/19/2018				_
·	(Date thest transacted business in Florada, if provinc (See sections 603.0904 & 605.0905, F.S. to determ	nae penelity l	athity)	6
2255 Glades Rd, Suite	221A	6.	2255 Glades Rd, Suite 221A	·
(Street Address of F			(Mailing Address)	
Boca Raton, FL 33431			Boca Raton, FL 33431	· · · · · · · · · · · · · · · · · · ·
		-		
. Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	cceptable)	
	Ben Spoont			
Name:				*
Office Address:	2255 Glades Rd, Suite 221A			
	Boca Raton		, Florida <u>33431</u>	
	(City)		(Zip code)	

Registered agent's acceptance:

Having been named as registered agent and to accept service 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 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 agant.

Carlos M Alvarez, Attorney-in-Fact (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

 The name, title or capacity <u>Title or Capacity:</u> 	<u>Name and Address:</u>	<u>Title or Capacity:</u>	Name and Address:	
Manager	Mitchell Rubenstein	Manager	Ben Rubenstein-Spoont 2255 Glades Rd, Suite 221A	
	2255 Glades Rd, Suite 221A Boca Raton, FL 33431		Boca Raton, FL 33431	
Manoger	Laurie Silvers 2255 Glades Rd, Suite 221A	Manager	Carolyn Rubenstein-Spean 2255 Glades Rd, Suite 22JA Boca Raton, FL 33431	
	Boca Raton, FL 33431		100a (aton 11 559)	

(Use attachments if necessary)

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)

10. 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.817.135, F.S.

Signature of an authorized person é . Carlos M Alvarez, Attorney in Fact

Typed or prated name of signee

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Delaware

The First State

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ESPORTS PLAY 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 NINETEENTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ESPORTS PLAY LLC" WAS FORMED ON THE SEVENTH DAY OF JULN, A.D. 2017.

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

Authentication: 202000381 Date: 01-19-18

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SR# 20180369812 You may verify this certificate online at corp.delaware.gov/authver.shtml