

# M18 000008652

\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

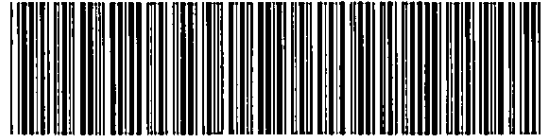
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

SEP 20 2018



PRO LINKS SPORTS

758 North US Hwy 1  
Tequesta, FL 33469

September 17, 2018

Enclosed is our application for a foreign limited liability company, certificate of existence from the Minnesota Secretary of State, and a check made payable to the Florida Department of State in the amount of \$ 160.00.

I have enclosed by business card should you need to contact me further.

Thank you.

A handwritten signature in black ink, appearing to read "Maryann Brody", with a long horizontal flourish extending to the right.

Maryann Brody

Accounting Manager

HC Management Companies



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pro Links Sports LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Maryann Brody  
Name of Person

HC Management LLC  
Firm/Company

758 N. US Hwy One  
Address

Tequesta FL 33469  
City/State and Zip Code

Maryann@hcsportsfl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maryann Brody at ( 561 ) 406-6718  
Name of Contact Person Area Code Daytime 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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 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 COMPLIANCE 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:

1. PRO LINKS SPORTS LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
PRO LINKS SPORTS FL LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. STATE OF MN 3. 41-1903314  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

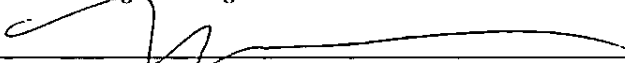
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 756 N. US Hwy One 6. 756 N US Hwy One  
(Street Address of Principal Office) (Mailing Address)  
Tequesta FL 33469 Tequesta FL 33469

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Maryann Brody  
Office Address: 756 N US Hwy One  
Tequesta, Florida 33469  
(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 agent.*

  
(Registered agent's signature)

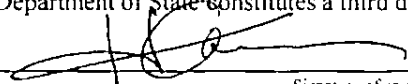
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| <u>Title or Capacity:</u> | <u>Name and Address:</u>  | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---------------------------|---|---------------------------|--------------------------|
| <u>Member</u>             | <u>CARSON CAUNER</u><br><u>301 FISHERMAN'S WAY</u><br><u>JUPITER FL 33477</u> | _____                     | _____                    |
| <u>Mgr. Member</u>        | <u>HOLLIS CAUNER</u><br><u>301 FISHERMAN'S WAY</u><br><u>JUPITER FL 33477</u> | _____                     | _____                    |

(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.817.155, F.S.

  
Signature of an authorized person

HOLLIS CAUNER  
Typed or printed name of signee

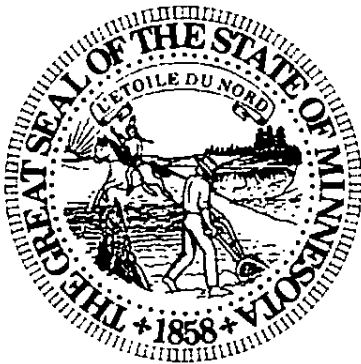
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

|                              |                       |
|------------------------------|-----------------------|
| Name:                        | Pro Links Sports, LLC |
| Date Filed:                  | 03/20/1998            |
| File Number:                 | 7455-LLC              |
| Minnesota Statutes, Chapter: | 322C                  |
| Home Jurisdiction:           | Minnesota             |

This certificate has been issued on: 09/07/2018



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota