11800000 9411

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	#)
		MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
	Office Use Only	

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M. MILLIGAN OCT 19 2018





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **P: 866.625.0838 F: 866.625.0839** COGENCYGLOBAL.COM

Account#: 12000000088

Date:10)/17/2018	
Name:	Merritt Walker	_
Reference #:	10/17/2018	_
Entity Name:	PROATHLET	
	of Incorporation/Authorization	
Amendm	nent	
🗌 Change	of Agent	
🗌 Reinstati	ement	
Convers	ion	
🔲 Merger		
🔲 Dissoluti	on/Withdrawal	
Fictitious	s Name	
✓ Other	CERTIFIED C	OPY OF FILING EVIDENCE
Authorized Amo	ount:\$(55	

Signature: ______ WW

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:

I	ProAthlete	Securities LLC				
(Name of Foreign	Limited Liability Company, must include "Li	mited Liability Comp	any." L.L.C.," or "L	LC.")		
(Entrie unavailable, enter alternate r	same adopted for the purpose of transacting business is	n Florida. The alternate r	ame must include "Limite	ed Liability Company," "	"LLC," or "LLC	
2	Defaware	3.	82-2400139			
(Jurisdiction under the law of w	(Jurisdiction under the law of which foreign limited liability company is organized)			number, if applicable)		
4	(Date first transacted business in Florida, if price	r to registration 1				
	(Date first transacted business in Flonda, if pric (See sections 605,0904 & 605 0905, F.S. to det	ermine penalty liability)				_
	Federal Hwy #201 6.		4401 N Federal Hwy #201		6.00	2018 OCT
	(Street Address of Principal Office)		(Mailing Address)			ē
Boca Rai	ion, FL 33431		Boca Rat	ton, FL 33431	- 75	8
						ه است
				······		
Name and street address					بند ا ^{ست}	
. Marine and <u>Street addres</u>	s of Florida registered agent: (P.O. B	_	ble)			AH
Name:	COGENCY GLOBAL	INC.			وري است د	ie S
					5.3	6
Office Address:	115 North Calhoun Stree	et, Suite 4			-517	i Cr
	Tallahassee		, Florida 32	301		
	(Cay)		, , , , , , , , , , , , , , , , , , ,	(ode)		
legistered agent's accept	ance:					
laving been named as reg	istered agent and to accept service of	f process for the	above stated limi	ted liability com	pany at the	place
calgrance in mis upplicul	on, i nereov accept the appointment	AS POOLSIPPPA NO	ent and goewe to a	and in data annument	. I K	
comply nan the provisio	ns of an signer repairs to the prop	er and complete ,	performance of n	y duties, and I a	ını familiar	with
waccept me onigations	of my position of registered stent.		-	•		•
-						
	(Registered agent	s signature)				
		•				
The name, title or capac	ity and address of the person(s) who I	nas/have authority				
The name, title or capac <u>Title or Capacity:</u>		•		: Name and :	<u>Address:</u>	
The name, title or capac <u>Title or Capacity:</u> Partner	ity and address of the person(s) who I	nas/have authority			<u>Address:</u>	
Title or Capacity:	ity and address of the person(s) who here and Address: Name and Address: Robert Landa	nas/have authority			Address:	
Title or Capacity:	ity and address of the person(s) who here and Address:	nas/have authority			Address:	
<u>Title or Capacity:</u> Partner	ity and address of the person(s) who here and Address: Robert Landa 4401 N. Federal Hwy #201	nas/have authority			Address:	
Title or Capacity:	ity and address of the person(s) who here and Address: Robert Landa 4401 N. Federal Hwy #201	nas/have authority			Address:	
<u>Title or Capacity:</u> Partner	ity and address of the person(s) who h <u>Name and Address:</u> <u>Robert Landa</u> 4401 N. Federal <u>Hwy, #201</u> <u>Boca Raton, FL 33431</u>	nas/have authority			Address:	

(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.

Significe of an authorized person Jordan Krant

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROATHLETE SECURITIES 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROATHLETE SECURITIES LLC" WAS FORMED ON THE FOURTH DAY OF AUGUST, A.D. 2017.

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



of State

Authentication: 203626638 Date: 10-17-18

6501213 8300

SR# 20187180177 You may verify this certificate online at corp.delaware.gov/authver.shtml