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(Re	questor's Name)			
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	y/State/Zip/Phone			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
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COVER LETTER

		ation Section 1 of Corporation	as				
SUBJEC	MY T:	Hockey Tourna	ments LLC				
		Name of Limited Liability Company					
						ansact Business in Florida," C y company to transact busines	
Please ret	turn all e	correspondence c	oncerning this matter to the	following:			
		Jonathan D Opp	penheimer				
			N	ame of Person			
		MYHockey To	urnaments LLC				
	Firm/Company						
		3023 N. Clark S	St. #900				
	Address						
	Chicago, IL 60657						
			City/S	tate and Zip Code		-	
		jdo@myhockeyto	ournaments.com				
	-		E-mail address: (to be use	d for future annual	report no	tification)	
For furthe	er inforn	nation concerning	g this matter, please call:				
Jonathan D Oppenheimer		773 at (269-65	51			
-		Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301			
		ck for the follow 00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cert of Status & Certified Copy	

APRILICATION BY FOREIGN LIMITED LIABILIT	Y COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
	IN-FLORIDA
IN CONFLUNCE WITH SECTION 615 1902 FLORIDA STATUTE	S THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANIAL IKANSACI BUSINESS IN THE STATE OF FLORID	4 :
(Name of Foreign Limited Liability Company, must include	
Connect, mass and	Limited Caseliny Company," "L.L.C.," or "L.L.C.,")
(If many conventions, come alternate cause adopted for the purpose of transacting but	incess in Florida. The alternate memo must include "Limited Liability Company," "L.L.C." or "LLC.")
2 [III]nois	3 45-1778182
(unfailables under the low of which foreign failed liability company is organ	zed) (FEI marker, if applicable)
O. DOZOD	
(See actions 605,0904'2, '605,0905'F.	k, if prior to registration.) 3. to description periody (lability)
S. 2023N. Clart Street; 4900	6 3023 N. Clark Street, #900
(Special Address of Macquel Office)	(Mailing Address)
Chicago, 117 olds / A. J.	Chicago, IL 60657
	=
	Sit 6 C
75 Name and street address Of Florida registered agent: (F	O. Box NOT acceptable)
Name: Russell Knight	TO BOX NO Lacceptable)
Office Address 4205 Amelia Way	1.0: 35 STATE LORID
One of the control of	>
Naples Naples	, Florida 34119-9043
Registered (gent) 3 acceptance:	
Having been named as regimered agent and to accept set	vice of process for the above stated limited liability company at the place timent as registered agent and agree to act in this capacity. I further agree
(b) Comply (with the provisions of all statutes relative to the	ument as registered agent and agree to act in inis capacity. I juriter agree t proper and complete performance of my duties, and I am familiar with
and a registered and a	rent.
Contract of the Contract of th	red agent's signature)
8. The name title or capacity and address of the person(s) who has/have authority to manage is/are:
Title or Capacity: Name and Address:	Title or Canacity: Name and Address:
Managing Newlow South and 10 apr	holas
	* 'SC
MANAGO MARKET	<u> </u>
	.5 + 0 . 9
(Use attachments if necessary)	<u>'</u>
9 Appened is a certificate of existence, no more than 90 da	ays old, duly authenticated by the official having custody of records in the
funsdiation (under the law of which it is organized. (If the o	ertificate is in a foreign language, a translation of the certificate under oath
Of the Create production of the Control of the Cont	
10. This document is executed in accordance with section	605.0203 (1) (b), Florida Statutes. I am aware that any false information
submitted in O document to the Department of State constitu	ates a third degree felony as provided for in s.817.155, F.S.
	Signature of an authorized person

Typed or pricted asser of signes

File Number

0358468-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MYHOCKEY TOURNAMENTS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 19, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of OCTOBER A.D. 2018.

Authentication #: 1828403212 verifiable until 10/11/2019
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE