## M19000005760

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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO: : 120000000195  REFERENCE : 803447 4300043  AUTHORIZATION : 25.00  COST LIMIT : 5.25.00  ORDER DATE : June 11, 2019  ORDER TIME : 9:09 AM  ORDER NO: : 803447-005  CUSTOMER NO: 4300043
FOREIGN FILINGS
NAME: ALL ELITE WRESTLING, LLC
✓ QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Lydia Cohen EXT# 62974
EXAMINER:

CORPORATION SERVICE COMPANY

## 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

(Name of Foreign	stling, LLC				
	Limited Liability Company; must include "Lim	ited Liability Compa	iny," "L.L.C.," or "LLC.")	<del></del>	
name unavailable, enter alternate is	ame adopted for the purpose of transacting business in	Florida. The alternate na	nne must include "Limited Liability Company,"	"L.L.C." or "LLC	`.")
Delaware			83-2985486		
(Jurisdiction under the law of which foreign limited liability company is organized		3	(FEI number, if applicable)		
	6/11/2019				
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration.) nnine penalty liability)			
1 TIAA Bank Field Drive		1 TIAA Bank Field Drive 6.			
(Street Address of Principal Office)		0	(Mailing Address)		
Jacksonville, Florida 32202			Jacksonville, Florida	32202	
			<u>- €.</u>	153	
			ئىن ئىلىنى ئىلار چ		7
Name and street address	of Florida registered agent: (P.O. Bo	ox NOT acceptal	hle)	122	-
			41		1
Name:	Corporation Service Company				٧.
Office Address:	1201 Hays Street		<b></b>		
	Tallahassee		32301 , Florida		

Name and Address:	Title or Capacity:	<u>!</u>	Name and Address:
Name: Beatnik Investments, LLC	Manager	Name;	
Address: 1 TIAA Bunk Field Drive, Jacksonville, FL 32202	2 Member		
	Authorized		
	Person		
Other	Other		Other
Name:	Manager	Name:	15-11 - 6-18-11 - 11-18-11
Address:	Member	Address: _	
	Authorized		
	Person		<u> </u>
Other	Other		Other.
Name:	Manager	Name:	
Address:	☐ Member	Address:	
	Authorized		
	Person		
Other	Other		
se an attachment to report more than six (6). The a may be added to the index when filing your Florida	attachment will be ima a Department of State	Annual Repo	ting purposes only. Non- ort form. g custody of records in the
	Address: TIAA Bank Field Drive, Jacksonville, FL 32203    Other	Address:   TIAA Bunk Field Drive, Jacksonville, FL 32202	Name:   Manager   Name:   Address: I_TIAA Bank Field Drive, Jacksonville, FL 32202   Member   Address:

Page 1

## Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "ALL ELITE WRESTLING, 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 TWELFTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALL ELITE

WRESTLING, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JULY, A.D.

2018.

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

Authentication: 203006983

Date: 06-12-19

6978391 8300 SR# 20195384815