## M1900000139

(Requestor's Name)
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(C): (C): (C): (D):
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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Z BROWN Jun 2 5 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I20000001	95
	REFERENCE	: 819070	7848732
	AUTHORIZATION	: Sprets il	nan
	COST LIMIT	: \$125.00	
ORDER DATE :	June 24, 2019		
ORDER TIME :	12:58 PM		
ORDER NO. :	819070-010		
CUSTOMER NO:	7848732		
	<u>FOREIGN F</u>	ILINGS	
NAME:	STEINER SPORT LLC	S MEMORABILIA,	
XXXX QUALIFIC	CATION (TYPE: <u>L</u>	<u>L</u> )	

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Steiner Sports Memorab	ilia, LLC			
		Name of Limi	ted Liability C	ompany	
The en Exister	sclosed "Application by Foreign nce, and check are submitted to	Limited Liability Company register the above reference	for Authorizat d foreign limite	ion to Transact Business in Florida," C ed liability company to transact busines	ertificate of s in Florida.
Please	return all correspondence conc	eming this matter to the follo	owing:		
	Donna L Smih				
		Name	of Person		
	Kynetic, LLC				
	Firm/Company				
	225 Washington Str	reet, 3rd Floor			
		٨	idress		
	Conshohocken, PA	19428			
		City/State	and Zip Code	and the second s	
	donna@kynetic.com				
	E-	-mail address: (to be used fo	r future annual	report notification)	
For fu	rther information concerning th	is matter, please call:			
	Donna Smith	а	484 L (	534-8103	
	Name of C	ontact Person	Area Code	Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Ft. 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	Enclosed is a check for the find Please make check payable to \$125.00 Filing Fee		\$155.00	TE Filing Fee & S160.00 Filing Feed Copy of Status & Certi	

## 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 TRAINSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign I	inited Liability Company, must include "Limite	d Liability Compan	y," "L.t. C.," or "LLC.")	
me unavailable, enter alternate na	ane adopted for the purpose of transacting business in Flo	rida. The alternate nan	ne main include, Funitied Frapilità Comba	m,( 11, 1, 0, 1 or 11, 0, 1)
)elaware				
(Jurisdiction under the law of wh	sch foreign limited liability company is organized)	3	(FI-) number, st applica	(blc)
·				
	(Date first transacted business in Florids, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	ine penalty hability)		
8100 Nations Way		8100 l 6.	Nations Way	
(Street Address of Principal Office)		<u> </u>	(Naihog Address)	
Jacksonville, FL 32256		c/o Legal Dept.		
	· · · · · · · · · · · · · · · · · · ·	Jackso	onville, FL 32256	7 1
Name and street address	ss of Florida registered agent: (P.O. Bo	x NOT accepta	ble)	II
Нате:	Corporation Service Company			
Office Address:	1201 Hays Street			
	Tallahassee		32301	
(Cny)			, Florida	

Roxanne Turner Asst. Vice President

and accept the obligations of my position as registered agent,

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Fanatics Mounted Memories, LLC Name: F. Douglas Mack Manager Manager Manager Address: \_\_\_\_ Address: 8100 Nations Way Member Member Jacksonville, FL 32256 Jacksonville, FL 32256 Authorized Authorized Person Person Other\_ Other\_\_\_\_ Other Other\_\_\_ Name: Lauren Cooks Levitan Caren Yeamans Manager Manager Manager Name: Address: 225 Washington Street Address: 8100 Nations Way Member Member Jacksonville, FL 32256 3rd Floor **■** Authorized Authorized Conshohocken, PA 19428 Person Person \_\_\_Other\_\_\_\_\_ Other Other\_ Name: \_\_\_\_\_ Manager Manager Member Address: Member ∧uthorized ■ Authorized Person Person Other\_\_\_ Other\_\_\_\_ Other Other\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. James Wills Just -- Signature of an authorized person Lauren Cooks Levitan

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STEINER SPORTS MEMORABILIA, 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 TWENTY-FOURTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STEINER SPORTS MEMORABILIA, LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2019.

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

TAYS OF THE PARTY OF THE PARTY

Authentication: 203085667

Date: 06-24-19