

9/2019

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company

Fort Lauderdale USL, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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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. Fort Lauderdale USL, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

iv/a

(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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

iv/b

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine priority liability)

5. c/o M Sports Ventures, LLC
(Street Address of Principal Office)

6. _____
(Mailing Address)

800 Douglas Road, 12th Floor
Coral Gables, FL 33134

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Donna Peterson-Riggs
(Registered agent's signature)

Donna Peterson-Riggs, Asst. Secretary

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):

| <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|--|
| <input type="checkbox"/> Manager | Name: Miami Beckham United LLC |
| <input checked="" type="checkbox"/> Member | Address: c/o M Sports Ventures, LLC 800 Douglas Rd., 12th Floor Coral Gables, FL 33134 |
| <input type="checkbox"/> Authorized | |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: c/o M Sports Ventures, LLC 800 Douglas Rd., 12th Floor, Coral Gables, FL 33134 |
| <input type="checkbox"/> Member | Address: Pablo Alvarez |
| <input checked="" type="checkbox"/> Authorized | Vice President, Secretary and Treasurer |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.


Signature of an authorized person

Typed or printed name of signer

Delaware

The First State

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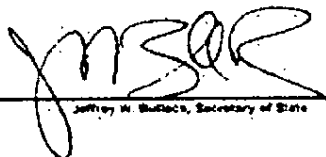
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FORT LAUDERDALE USL, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE NINTH DAY OF OCTOBER, A.D. 2019.

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

2019 OCT 10 PM 4:45
J. W. BULLOCK
SECRETARY OF STATE



7649484 8300


Jeffrey W. Bullock, Secretary of State

Authentication: 203759919