

Florida Department of State
Division of Corporations
Florida's Official Cover Sheet

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To: Division of Corporations
Fax Number : (350)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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2019-05-14 15:59
FCA000000023
P114:31

****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
Activation Entertainment Group LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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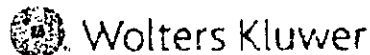
FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Ranae McGraw
DATE	2019-11-05 14:44:34 CST
RE	Activation Entertainment Group LLC

COVER MESSAGE

Seth Crose
Fulfillment Specialist I
Fulfillment Operations
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219
www.wolterskluwer.com

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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. Activation Entertainment Group LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 84-3568869
(FEI number, if applicable)
4. 11/4/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0903 A, 605.0905, F.S. to determine penalty liability)
5. 320 NE 61st Street, Miami, FL 33137
(Street Address of Principal Office)
6. 320 NE 61st Street, Miami, FL 33137
(Mailing Address)

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.

By: Kimberly Laughrey by Kimberly Laughrey, Asst. Sect.
(Registered agent's signature)

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:

☒ Manager Name: David Corso

☒ Member Address: 320 NE 61st Street

☒ Authorized Miami Beach, FL 33137

Person

☐ Other ☐ Other

☒ Manager Name: Alexandra Zangrillo

☒ Member Address: 320 NE 61st Street

☒ Authorized Miami Beach, FL 33137

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other ☐ Other

Title or Capacity: Name and Address:

☒ Manager Name: Zach Holt

☒ Member Address: 320 NE 61st Street

☒ Authorized Miami Beach, FL 33137

Person

☐ Other ☐ Other

☐ Manager Name: Dede Loftus

☐ Member Address: 320 NE 61st Street

☒ Authorized Miami Beach, FL 33137

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other ☐ 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 authorized person

Dede Loftus

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ACTIVATE ENTERTAINMENT GROUP 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 FIFTH DAY OF NOVEMBER, A.D. 2019.

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



7677962 8300

SR# 20197916061

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203936664

Date: 11-05-19