

172000000/2/1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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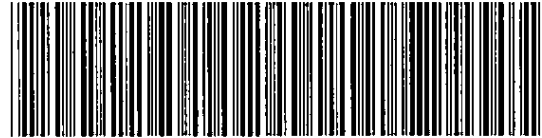
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SUPREME COURT
TALLAHASSEE, FLORIDA

RECEIVED

JAN 21 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Players Way LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brian Wegman
Name of Person
USSSA LLC
Firm/Company
5800 Stadium Parkway
Address
Melbourne, FL 32940
City/State and Zip Code
brian.wegman@usssa.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Wegman 513 205-0254
Name of Contact Person at () Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. Players Way LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(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 3. 84-3844371
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 31, 2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5800 Stadium Parkway 6. 5800 Stadium Parkway
(Street Address of Principal Office) (Mailing Address)
Melbourne, FL 32940 Melbourne, FL 32940

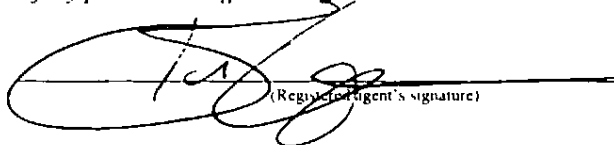
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Brian Wegman
Office Address: 5800 Stadium Parkway
Melbourne, Florida 32940
(City) (Zip code)

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2020 JAN 21 P 4:49
TALLAHASSEE, FLORIDA

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.


(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>David Wabick</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Xavier James</u>
<input type="checkbox"/> Member	Address: <u>5800 Stadium Parkway</u>	<input type="checkbox"/> Member	Address: <u>12 East 49th Street</u>
<input type="checkbox"/> Authorized	<u>Melbourne, FL 32940</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10017</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Donald DeDonatis, III</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jeffrey Hammonds</u>
<input type="checkbox"/> Member	Address: <u>5800 Stadium Parkway</u>	<input type="checkbox"/> Member	Address: <u>12 East 49th Street</u>
<input type="checkbox"/> Authorized	<u>Melbourne, FL 32940</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10017</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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.

Donald DeDonatis, III

Signature of an authorized person

Donald DeDonatis, III

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 THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "PLAYERS WAY, LLC",
FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF NOVEMBER,
A.D. 2019, AT 3:14 O'CLOCK P.M.



7725623 8100
SR# 20198344561

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

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

Authentication: 204109398
Date: 12-02-19

CERTIFICATE OF FORMATION
OF
PLAYERS WAY, LLC

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:14 PM 11/27/2019
FILED 03:14 PM 11/27/2019
SR 20198344561 - File Number 7725623

THIS CERTIFICATE OF FORMATION of Players Way, LLC (the "Company"), dated November 25, 2019, is being duly executed and filed to form a limited liability company under the Delaware Limited Liability Company Act (6 Del.C. §18-101, et seq.)(hereinafter, the "Act").

THE UNDERSIGNED, being duly authorized to execute and file this Certificate, does hereby certify as follows:

NAME: The name of the limited liability company formed hereby is Players Way, LLC.

REGISTERED OFFICE: The address of the registered office of the Company in the State of Delaware is Corporation Service Company, 251 Little Falls Drive, in the County of New Castle, Wilmington, Delaware 19808.

REGISTERED AGENT: The name and address of the registered agent for the service of process on the Company in the State of Delaware is Corporation Service Company, 251 Little Falls Drive, in the County of New Castle, Wilmington, Delaware 19808.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Formation as of the date first written above.

By: _____

Name: Xavier James

Title: Authorized Person