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	Account Name : C T CORPORATION SYSTEM	STATE STATE LORIDA
	Account Number : FCA000000023	25 £
	Phone : (614)280-3338	$\triangleright$
	Fax Number : (954)208-0845	
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## PRO SOCCER EXPERIENCE LLC

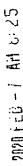
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION BISIORIZ FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Nexus of Fareign Limited Lability Company; must include "Limited Lability Company," "LLC." or "		a running respents Combank, mine include "Fitti	led Liebilay Commany. T. L. C. Town of J. C. T.	
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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.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to menage [up to six (6) total]:

Title or Capacity;		Title or Capacity;		Name and Address:
<b>E</b> Manager	Name: David Vaudreuil	☐ Manager	Name:	
ЖМетоber	Address: 15327 Los Olas Place	□Member	Address:	
□Aulborized	Bradenton, FL 34212	☐ Audiorized		15 C
Person	The same of the sa	Person		FEB
□ Other	Oother	COther	<del></del>	100 B 5
☐Manager	Name:	□Manager	Name:	PM 4:4
□Member	Address:		Address:	꼬쓱 두
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□Other	Other	□Other		Other
□Мападет	Name:	O Manager :	Name:	
□Member	Address:	-		
□ Authorized		□Authorized		
Person		Person		
Other	DOdier	Other		DOfher

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.

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I ken aware that any folse information submitted in a document to the Department of State constituted a third degree felony as proyeled for he s. 817. 155, F.S.

<sup>9.</sup> 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)

## Delaware The First State

Page 1

BEEN

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRO SOCCER EXPERIENCE 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 SIXTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

ASSESSED TO DATE.

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

Authentication: 202332916

Date: 02-06-20