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me (o Division of Corporations **Electronic Filing Cover Sheet**

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To:

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

From:

Account Name : CAPITOL SERVICES, INC. Account Number : 120160000C017 Phone : (855)498-5500 Fax Number : (800)432-3622



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

| , N | | | |
|-------|---|----------|--|
| Hd L- | Foreign Limited Liability Company ARENA AZTEC SHAFFER, LLC | | |
| HIUL | Certificate of Status | 0 | |
| 2021 | Certified Copy | 1 | |
| 1 | Page Count | 04 | |
| | Estimated Charge | \$155.00 | |



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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. Arena Aztec Shaf | fer, LLC | | | | |
|---|--|---|---------------------------------|--------------------|----------------|
| (Name of Foreign | Limited Liability Company; must include "Limit | ed Liability Company," " | L.L.C.," or "LLC.") | | |
| (if name unavailable, enter alternate m | ame adopted for the purpose of transacting business in Pl | lorida. The alternate name mu | st include "Limited Liabil | hty Company, "L.1. | .C," œ "LLC.") |
| 2. Delaware 04/14/2 | 2021 tich foreign limited liability company is organized) | 3 | (CCI purple | r, if applicable) | |
| (Jurisduction under the law of wi | uch foreign limited liability company is organized) | | (Les Manues | , n appreaded | |
| 4 | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to detern | n registration.) mine penalty liability) | | | |
| 5. 601 WEST 6T | | 6. <u>601 WE</u> | EST 6TH S (Mailing Addre | | |
| HOUSTON, TX | K 77007 | HOUST | <u>FON, TX 77</u> | 007 | |
| 7. Name and street address | ss of Florida registered agent: (P.O. Bo | | | SECU TAL | 2021 |
| Name: | Capitol Corporate Services, | Inc. | | `` | |
| Office Address: | 515 East Park Avenue 2nd F | = | | | |
| | Tallahassee | , Flo | orida <u>32301</u> (Zip code | <u> </u> | 3 |
| | (eny) | | 7 | • | |

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.

Leige Johnson

Leigh Johnson, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

(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: | <u>Title or Capacity:</u> | Name and Address: |
|------------------------------|------------------------------|---------------------------|------------------------------|
| Manager | Name: AAS Holdco, LLC | Manager | Name: Greg Lawless |
| Member | Address: 601 WEST 6TH STREET | Member | Address: 601 WEST 6TH STREET |
| Authorized | HOUSTON, TX 77007 | Authorized | HOUSTON, TX 77007 |
| Person | | Person | |
| Other | Other | Other Preside | entOther |
| Manager | Name: Stephen Trowbridge | 🗌 Manager | Name: Jaclyn Berg |
| Member | Address: 601 WEST 6TH STREET | Member | Address: 601 WEST 6TH STREET |
| Authorized | HOUSTON, TX 77007 | Authorized | HOUSTON, TX 77007 |
| Person | | Person | |
| ⊠Other_Vice-President _Other | | Other Treasu | Irer Other |
| | | | |
| Manager | Name: Jon Tabeling | Manager | Name: |
| Member | Address: 601 WEST 6TH STREET | Member | Address: |
| Authorized | HOUSTON, TX 77007 | Authorized | |
| Person | | Person | |
| Other Secret | ary Other | 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.

Jaclyn Berg



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARENA AZTEC SHAFFER, 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 THIRD DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARENA AZTEC SHAFFER, LLC" WAS FORMED ON THE FOURTEENTE DAY OF APRIL, A.D. 2021.

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



Authentication: 203355964 Date: 06-03-21

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SR# 20212341949 You may verify this certificate online at corp.delaware.gov/authver.shtml