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(Address)

(City/State/Zip/Phone #)

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*[Handwritten signature]*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bet on the MOUSE, 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:

Anne E. Raymond/Margaret Gibson

\_\_\_\_\_  
Name of Person

Lugenbuhl, Wheaton, Peck, Rankin & Hubbard

\_\_\_\_\_  
Firm/Company

601 Poydras Street, Suite 2775

\_\_\_\_\_  
Address

New Orleans, LA 70130

\_\_\_\_\_  
City/State and Zip Code

mgibson@lawla.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret Gibson

504

568-1990

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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. Bet on the MOUSE, 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. Louisiana

86-1967191

3.

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

(FEI number, if applicable)

4. May 17, 2021

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

5. 935 Gravier Street

(Street Address of Principal Office)

935 Gravier Street

6.

(Mailing Address)

Suite 1130A

Suite 1130

New Orleans, LA 70112

New Orleans, LA 70112

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

Name:

Brandon Burg

Office Address:

14101 Panama City Beach Pkwy, Suite 160

Panama City Beach

(City)

, Florida

32413

(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.

(Registered agent's signature)

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TALLAHASSEE, FL

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: Anne E. Raymond

☒ Member              Address: 935 Gravier Street

☒ Authorized              Suite 1130

New Orleans, LA 70112

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☒ Manager              Name: Steven O. Medo, III

☒ Member              Address: 935 Gravier Street

☒ Authorized              Suite 1130

New Orleans, LA 70112

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

                                 \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

                                 \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

                                 \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

                                 \_\_\_\_\_

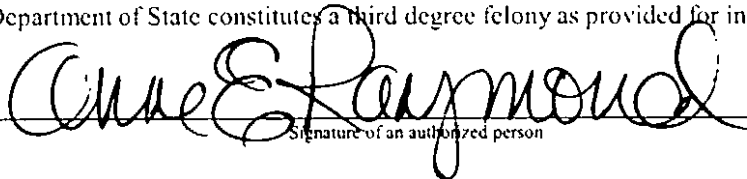
Person \_\_\_\_\_

☐ 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 an authorized person

Anne E. Raymond

Typed or printed name of signer



**R. Kyle Ardoin**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

**BET ON THE MOUSE, LLC**

A limited liability company domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on February 11, 2021,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

May 11, 2021

