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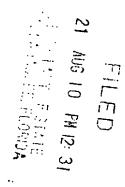
(F	Requestor's Name)	
	Address)	
	Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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COVER LETTER

Division of Corporations	
Care Fire on	Md YLC
SUBJECT: Name of Li	nited Liability Company
The enclosed "Application by Foreign Limited Liability Compa	ny for Authorization to Transact Business in Florida," Certificate of
	ced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the fo	llowing:
Halan O. A	1011
Nan	ne of Person
Cago Fury	MMA XXC.
Firm	/Company
410 X. Kings 9	Jwy
	Address
Maddonfield.	N9 08033
City/Stat	e and Zip Code
holon Oction	tv
	or future annual report notification)
For further information concerning this matter, please call:	
Molan Mall	ar (856, 308·0450
Name of Contact Person	Area Code Daytime Telephone Number
	treet Address:
<u> </u>	Registration Section
• • • • • • • • • • • • • • • • • • •	Division of Corporations The Centre of Tallahassee
* · = - · · · = -	415 N. Monroe Street, Suite 810
	Callahassee, FL 32303
Enclosed is a check for the following amount:	
Please make check payable to FLORIDA DEPARTN \$\Boxed{\text{S130.00 Filing Fee}}\$	1ENT OF STATE ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Statu	•

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 FORFIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Cage Fury GNMA, DOC.
(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. Naw Orysay 3. 83-9057053 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 416 & Kings Hwy. 6. 416 & Kings Hwy
(Street Address of Principal Office) (Mailing Address)
Haddonfield, NJ Haddonfield, NJ
08023
0000
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Aggistored Agents Inc.
Office Address: 7901 4TH St. N Str. 300
Z. P. D.
Jr. tetrarsburg TL Borida 33+02 N
(City) (Zip code) \simeq \simeq
Registered agent's acceptanc: 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.
12 - Sen -
(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: Name and Address: Title or Capacity: □Manager □Manager □Member □Member Authorized □ Authorized Person Person ☐ Other Other _ Other _____ Name: _____ □ Manager ☐ Manager Name: _____ Address: ☐ Member Address: □ Member □ Authorized □ Authorized Person Person □Other Other □Other Other Name: _____ ☐ Manager □Manager Address: □ Member Address: □Member □ Authorized Authorized Person Person Other____ □Other □Other____ Other_ 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. 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.

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

CAGE FURY MMA, LLC 0600451815

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 12, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2020-2021

I further certify that the registered agent and office are:

JEFFREY A. DILAZZERO, ESQUIRE 975 BRIDGETON PIKE SUITE D SEWELL, NJ 08080



IN TESTIMONY WHEREOF, I have beveratio set my band and affixed my Official Seal at Trenton, this 20th day of July, 2021

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6121250247

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp