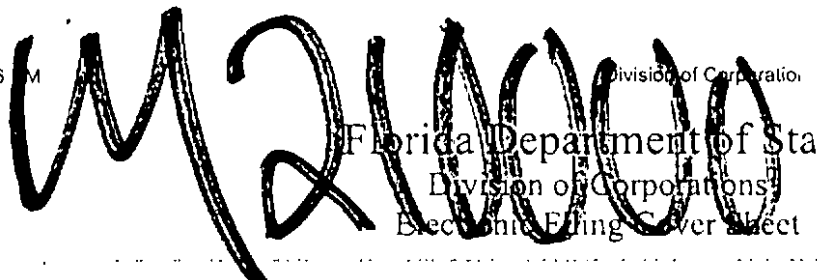


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Note: Please print this page and use it as a cover sheet. Type the audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888)491-1120  
Fax Number : (954)333-4242

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

Email Address: ws@dssports.com

Foreign Limited Liability Company  
Yakkertech Limited

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2021 OCT -5 AM 10:21

TALLAHASSEE, FLORIDA

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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. Yakkertech Limited  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")  
Yakkertech, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")
2. Ohio  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 46-2672529  
(FBI 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. 2111 E. Michigan Street, Suite 144  
(Street Address of Principal Office)  
Orlando, Florida 32806
6. 477 Commerce Way, Suite 115  
(Mailing Address)  
Longwood, Florida 32750

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

Name: Joseph Sleiman

Office Address: 2111 E. Michigan Street, Suite 144

Orlando, Florida 32806  
(City) (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.

[Signature]  
(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:☒ ManagerName: Joseph Steiman☐ MemberAddress: 2111 E. Michigan Street☐ AuthorizedSuite 144

Person

Orlando, Florida 32806☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

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

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_Title or Capacity:Name and Address:☒ ManagerName: Kevin Davidson☐ MemberAddress: 2111 E. Michigan Street☐ AuthorizedSuite 144

Person

Orlando, Florida 32806☐ 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  
Joseph Steiman Joseph Steiman  
\_\_\_\_\_  
Typed or printed name of signer

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show YAKKERTECH LIMITED, an Ohio For Profit Limited Liability Company, Registration Number 2194869, was organized within the State of Ohio on May 1, 2013, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 4th day of October, A.D. 2021.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State