

Division of Corporations

Electronic Filing Cover Sheet

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

FOR A COMPLETE LIST OF
ALLIANCE, P. 10

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K. Brumbley

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. S.M.A.R.T. Sports Group, LLC

(Name of foreign limited liability company, must include "Limited Liability Company," "LLC," "L.L.C.," or "LLC")

(If none available, enter alternate name adopted for the purpose of conducting business in Florida. This alternate name must include "Limited Liability Company," "LLC," "L.L.C.," or "LLC")

2. Ohio

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

3.

(FED number, if applicable)

4. October 15, 2021

(Date first transacted business in Florida, if prior to registration)
(See sections 603.0904 & 603.0905, F.S. to determine penalty/latekey)

5. 191 W. Nationwide Blvd. Ste. 300

(Street Address of Principal Office)

6. 191 W. Nationwide Blvd. Ste. 300

(Mailing Address)

Columbus, Ohio 43215

Columbus, Ohio 43215

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

Name: Tonisha Landry

Office Address: 8757 Goodbys Trace Drive

Jacksonville

(City)

Florida

32217

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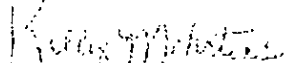
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Kelly Mehrtens	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 5225 Pooks Hill Rd. #429N	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Bethesda, MD 20814	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Kelly Mehrtens

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 S.M.A.R.T. SPORTS GROUP, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4732665, was organized within the State of Ohio on August 20, 2021, 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 12th day of October, A.D. 2021.*

Frank LaRose

Ohio Secretary of State

Validation Number: 202128501618