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(City/State/Zip/Phone #)

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S. ROBERTS

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JAN 12 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FBG Enterprises Opco, 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:

Donna L. Smith

Name of Person

Fanatics

Firm/Company

10115 Barney Street

Address

Lewes, DE 19958

City/State and Zip Code

dsmith@fanatics.com

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

For further information concerning this matter, please call:

Donna Smith

610

564-2967

Name of Contact Person

at (_____) _____

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. FBG Enterprises Opco, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

Delaware

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

3. (FEI number, if applicable)

01/01/2022

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

205 Hudson Street, 5th Fl.

(Street Address of Principal Office)

8100 Nations Way

6. (Mailing Address)

New York, NY 10013

Jacksonville, FL 32256

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) , Florida (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.

Corporation Service Company

By:

(Registered agent's signature)

Eylina Bahar
Assistant Vice President

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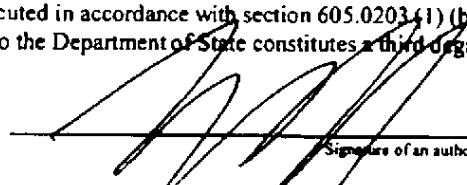
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Michael G. Rubin</u>	☐ Manager	Name: <u>Matthew King</u>
☐ Member	Address: <u>225 Washington St., 3rd Fl.</u>	☐ Member	Address: <u>205 Hudson St., 5th Fl.</u>
☒ Authorized	<u>Conshohocken, PA 19428</u>	☒ Authorized	<u>New York, NY 10013</u>
Person	<u></u>	Person	<u></u>
☐ Other	<u></u>	☐ Other	<u></u>
☐ Manager	Name: <u>Glenn H. Schiffman</u>	☐ Manager	Name: <u>David Tucker Kain</u>
☐ Member	Address: <u>205 Hudson St., 5th Fl.</u>	☐ Member	Address: <u>205 Hudson St., 5th Fl.</u>
☒ Authorized	<u>New York, NY 10013</u>	☒ Authorized	<u>New York, NY 10013</u>
Person	<u></u>	Person	<u></u>
☐ Other	<u></u>	☐ Other	<u></u>
☐ Manager	Name: <u>Ari Borod</u>	☐ Manager	Name: <u>Scott McClintic</u>
☐ Member	Address: <u>205 Hudson St., 5th Fl.</u>	☐ Member	Address: <u>205 Hudson St., 5th Fl.</u>
☒ Authorized	<u>New York, NY 10013</u>	☒ Authorized	<u>New York, NY 10013</u>
Person	<u></u>	Person	<u></u>
☐ Other	<u></u>	☐ Other	<u></u>

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FBG ENTERPRISES OPCO, 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 TWELFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FBG ENTERPRISES OPCO, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2021.

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



6252365 8300

SR# 20220105772

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202381643

Date: 01-12-22