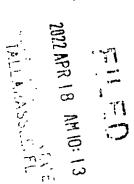
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S. ROBERTS

APR 1 8 2022

Incorporating Services, Ltd.

incserv^o 1540 Glenway Drive

Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 4/15/2022

850-245-6051

PRIORITY Regular Approval

OUR REF_# (Order ID#) 1026140

ORDER ENTITY

VAN WAGNER SPORTS & ENTERTAINMENT, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

VAN WAGNER SPORTS & ENTERTAINMENT, LLC (FL)

File the attached foreign qualification document and provide a certified copy.

NOTES:

\$155.00 Authorized

Email address for annual report reminders: Kathleen@delaneycorporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, April 15, 2022 Page 1 of 1

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:

New York		ds. The alternate same must suctaile "Limited Lists	thy Company," "L.L.C," or "	<u>ሀ</u> ር.ን	
		46-2724441			
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI camber, if applicable)			
	(Date first transacted business in Florida, if your to reg (See sections 605,0704 & 605,0905, F.S. to determine	patranon)	_		
800 Third Avenue		800 Third Avenue			
Address of Principal Office)		(Mailing Address)		•	
New York, NY 10022		New York, NY 10022			
·		_	¿ 2		
Vame and street addres	ss of Florida registered agent: (P.O. Box)	NOT acceptable)	DZ APR	•,	
Name:	NRAl Services, Inc.		R 18	**************************************	
Office Address:	1200 South Pine Island Road		AM IO:	\$ *_	
	Plantation	33324 , Florida	7 7		
		Florida			

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:	Thle or Capacity:	Name and Address:				
Manager	Name: Steven S. Pretsfeider	■ Manager	Name: Richard M. Schaps				
□Member	Address: 800 Third Avenue	Member	Address: 800 Third Avenue				
■ Authorized	New York, NY 10022	□Authorized	New York, NY 10022				
Person		Person					
Other	Other	□Other	Other				
□Manager	Name:	□Manager	Name:				
□Member	Address:	□Member	Address;				
□Authorized		☐ Authorized					
Person		Person					
Other	Other	Other	Other				
□Manager	Name:	□Manager	Name:				
☐ Member	Address:	□Member	Address:				
☐ 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. 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.							
16 1 Refelle							
Signature of an authorised person							
Steven S. Pretsfelder							
	13bso os ba	inted name of signed					

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: VAN WAGNER SPORTS & ENTERTAINMENT, LLC

DOS 1D Number: 4253077

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 06/01/2012

Statement Status: CURRENT Statement Due Date: 06/30/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 14, 2022 at 02:51 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Higher

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100001400989 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov