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Name:	BOWLERO LADY LAKE, LLC	
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Thank you!

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE	Bowlero Lady Lake, LLC				
		ne of Limited Liability Company			
The enc Existenc	losed "Application by Foreign Limited Liability ce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida			
Please r	eturn all correspondence concerning this matter	to the following:			
	Matthew Palatnik				
		Name of Person			
	Bowlero Corp.				
	Firm/Company				
	222 West 44th Street				
	Address				
	New York, NY 10036				
		City/State and Zip Code			
	mpalatnik@bowlerocorp.com				
	E-mail address: (to b	oe used for future annual report notification)			
For furt	her information concerning this matter, please co	all:			
	Matthew Palatnik	212 777-2214 ext. 5269			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations			
		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing F Certificate	ee & 💢 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate			

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Bowlero Lady Lake, LI						
(Name of Foreign	Limited Liability Company; must include "Limited	Liability C	ompany," "L.U.C.," or "LUC")			
		 	· · · · · · · · · · · · · · · · · · ·			
(If name unavailable, enter alternate n	name adopted for the purpose of transacting business in FI	orida. The alte	mate name must melide "Limited Liabilit	y Compans , "1, i	i, t, or "t	1()
Delaware 2.		3.				
(Jurisdiction under the law of which foreign limited liability company is organized)		_	3. (FEI number, if applicable)			
N/A						
4	(Date first transacted business in Florids if prior to	registration)		_		
	(Date first transacted business in Florida, if prior to 1See sections 605,0904 & 605 0905, F.S. to determine	ne penalty liab	ulity)			
7313 Bell Creek Road 5.			B13 Bell Creek Road			
(Street Address of Principal Office)	·	0	(Mailing Address)			
Mechanicsville, VA 23	111	M	echanicsville, VA 23111			
		_				
7 Name and street address	s of Florida registered agent: (P.O. Box	NOT acc	entable)	. .	2 1 22 AUS	
7. Panie and <u>succe address</u>	g of Fiorida registered agent. (1o., Dox	11121	eptilote;	,	Ē	
	C T Corporation System				ر دی	• •
Name:	— System			<u>.</u>		
	1200 South Pine Island Road			•	7-2	,
Office Address:	2200 Botton Time Island Notes		<u></u>	•	Ö	• -
	Plantation		33324	1	0.1	
			, Florida(Zip code)			
	(City)		(vib 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.

Stephanie Hencz, Assistant Secretary
(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:	Title or Capacity:	Name and Address:
□Manager	Name: Thomas F. Shannon	□Manager	Name: Brett I. Parker
□Member	Address: 222 West 44th Street	□Member	Address: 222 West 44th Street
■ Authorized	New York, NY 10036	■Authorized	New York, NY 10036
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. 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.

Signature of an authorized person

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BOWLERO LADY LAKE, 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 EIGHTH DAY OF JULY, A.D. 2022.

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



Jeffrey W. Bullock, Secretary of State

Authentication: 203874274