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

(((H230000895373)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:_

Foreign Limited Liability Company MAJOR LEAGUE RUGBY, LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
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COVER LETTER

| Division of Corporations | | |
|--|--|----------------------------------|
| Major League Rugby, LLC | | |
| UBJECT: | Name of Limited Liability Company | - |
| he enclosed "Application by Foreign Limit xistence, and check are submitted to regist | ted Liability Company for Authorization to Transact Business in Florida er the above referenced foreign limited liability company to transact bus | ," Certificate iness in Flori |
| ease return all correspondence concerning | this matter to the following: | |
| Ramy A. Morad | | |
| | Name of Person | - |
| Major League Rugby, LLC | С | 262. |
| | Firm/Company | _ |
| 5910 North Central Expre | essway, Suite 1070 | <u>,</u> |
| | Address | |
| Dallas, Texas 75206 | | . . |
| ramy@usmlr.com | City/State and Zip Code | ر.) |
| E-mail a | ddress: (to be used for future annual report notification) | - |
| or further information concerning this matt | ter, please call: | |
| Ramy Morad | 214 5005590 | |
| Name of Contact | Person Area Code Daytime Telephone Number | - |
| Mailing Address: Registration Section | Street Address: Registration Section | |
| Division of Corporations Division of Corporations | | |
| P.O. Box 6327 Tallahassee, FL 32314 | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |
| | ng amount: ORIDA DEPARTMENT OF STATE 0.00 Filing Fee & S155.00 Filing Fee & \$160.00 Filing Fee Certificate of Status Certified Copy of Status & Ce | |

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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:

| Major League Rugby, Ll | .C imited Liability Company; must include "Limited | | | | |
|--|---|-------------|------------------|--------------------------------------|------------------|
| (Name of Foreign I | imited Liability Company; must include "Limited | Liability | / Compu | y," "L.L.C.," or "LLC.") | |
| (If name unavailable, enter alternate of Delaware | ame adopted for the purpose of transacting business in Flor | nda. The | alternate o | | LLC," or "LLC.") |
| | ich foreign limited liability company is organized) | 3. | | (FEI number, if applicable) | |
| 4 | (Date first transacted business in Florida, If prior to re (See sections 605.0904 & 605.0905, F.S. to determin | egistration | n) lisbility) | | |
| 5910 North Central Expre | ssway, Suite 1070 | 6. | JZ 10 11 | orth Central Expressway, Suite 1070 | |
| (Street Address of Principal Office) | | | () . | alling Address) | - |
| Dallas, Texas 75206 | | | Dallas, | Texas 75206 | |
| | | | | | !_ |
| | | | | | ζ. |
| | | | | | |
| | | | | | |
| 7. Name and street addres | s of Florida registered agent: (P.O. Box | NOT (| accepta | ble) | |
| Name: | Capitol Corporate Services, Ir | <u>10.</u> | | | |
| Office Address: | 515 E. Park Ave., Second Flo | or | | | |
| | Tallahassee (City) | | | , Florida <u>32301</u> (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.

| Taylor Dung | Taylor Seay, Asst. Secretary on behalf of Capitol Corporate Services, Inc. |
|-------------|--|
| | (Registered agent's algusture) |

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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 |
|----|--|----|
| ma | nage [up to six (6) total]: | |

| Title or Capacity: | Name and Address: American Rughy Investments, LLC | Title or Capacity: | Name and Address: Amerock Rugby, LLC |
|--------------------|--|--------------------|---|
| □Manageт | Name: | □Manager | Name: |
| _ | 58156 Dryden Place #203 | _ | 2595 Dallas Parkway, Suite 430 |
| ■Member | Address: | ■ Member | Address: |
| □Authorized | Carlsbad, CA 92008 | ☐ Authorized | Frisco, TX 75034 |
| Person | | Person | |
| □Other | Other | □Other | |
| ⊡Manager | Rugby ATL, LLC | □Manager | Rugby United New York, LLC |
| ■Member | 598 W. Atlanta Street SE | ■Member | 71 Broadway, Lobby 2B, Box 299 |
| ■ Memoer | Address: Marietta. GA 30060 | ■ Memoer | Address: New York, NY 10006 |
| □Authorized | Marieta, 677 30000 | Authorized | |
| Person | | Person | · <u> </u> |
| □Other | Other | □Other | □Other ○ |
| DManager | Rugby Utah Ventures, LLC Name: Po Box 307 | ∐Manager | SaberCats, LLC Name: 1001 Sautowavez Pintway, Sazz 121, Ilian M |
| ■Member | Address: | ■Member | Address: |
| □Authorized | Draper, UT 84020 | □Authorized | Pearland, TX 77584 |
| 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.

| | Ramy Morad | |
|------------|-----------------------------------|--|
| D M | Signature of an authorized person | |
| Ramy Morad | | |
| | Typed or printed name of signee | |



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MAJOR LEAGUE RUGBY, 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 MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAJOR LEAGUE RUGBY, LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2016.

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

Authentication: 202868862

Date: 03-08-23

6173559 8300 SR# 20230916014

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