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Name:	Active Spor	rts, LLC	
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Thank you!

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:

taine unavallable, enter alternate :	name adopted for the purpose of transacting business in Flo	orida The	lternate name must include "Limited Liability Co	mpany," "L.L.C," o
Minnesota		3.	41-1833630	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	э.	(FEI number, if apple	cable)
11/11/2021				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	egistration ne penalty	liability)	
650 Three Springs Road		6	650 Three Springs Road (Mailing Address)	
et Address of Principal Office)		0.	(Mailing Address)	
Bowling Green, KY 42104			Bowling Green, KY 42104	
				2023 !'.
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT a	ecceptable)	
Name:	C T Corporation System			Ö
rame.	1200 Couth Dine Island Dond			
Office Address:	1200 South Pine Island Road		_ 	
	Plantation		33324 , Florida	
			. 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: Title or Capacity: Name and Address: Name and Address: Brent Moody, President Camping World, LLC □ Manager □ Manager Address: ____ 250 Parkway Drive, Suite 270 650 Three Springs Road ■ Member ☐ Member Bowling Green, KY 42104 Lincolnshire, IL 60069 □ Authorized ■ Authorized Person Person □Other__ □Other_ □Other___ □Other Name: Lindsey Christen, Secretary □Manager □Manager Name: ______ Address: 250 Parkway Drive, Suite 270 □Member □ Member Address: ______ Lincolnshire, IL 60069 Authorized ☐ Authorized Person Person □Other_ □Other____ Other_ Other____ □Manager □ Manager Name: _____ □ Member Address: ______ □Member Address: □ Authorized □ Authorized Person Person □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. Lindsey Gersten Signature of an authorized person Lindsey Christen, Secretary Typed or printed name of signee

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Active Sports, LLC

Date Filed: 12/19/2022

File Number: 1357825300117

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: Minnesota

This certificate has been issued on: 05/08/2023

Oteve Pinn Steve Simon

Secretary of State State of Minnesota

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