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Division of Corporations lectronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone

: (855)498-5500

Fax Number

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Foreign Limited Liability Company DAVE & BUSTER'S MANAGEMENT CORPORATION, LLC

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COVER LETTER TO: Registration Section Division of Corporations SUBJECT: Dave & Buster's Management Corporation, 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: Name of Person Capitol Services - Corporate Filings Team Firm/Company 515 East Park Avenue 2nd Fl Address Taliahassee, FL 32301 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Daytime Telephone Number STREET ADDRESS: MAILING ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building 2661 Executive Center Circle Talishassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate \$125.00 Filing Fee \$130.00 Filing Fee & Certified Copy of Status & Certified Copy Certificate of Status

H24000058882

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 PLORIDA 1 Dave & Buster's Management Corporation, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unevailable, once abstracts name adopted for the purpose of transacting business in Florida, The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transported business in Florida, if prior to registration.) (See sections 605,6904 & 605,0905, F.S. to determine penalty liability) 6. Same 5. 1221 S. Belt Line Rd., Suite 500 (Street Address of Principal Office) (Mailing Address) Coppell, TX 75019 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: 515 East Park Avenue 2nd Fl Office Address: , Florida 32301 Tallahassee (City) 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.

(Registered agent's signature)

Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

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8.	For initial indexing purposes,	list names, title	or capacity and a	iddresses of the prima	ry members/managers	or persons aut	horized to
ma	nage [up to six (6) total]:						

Titte or Capacity:	Name and Address:	Title or Capacity:	
Manager	Name: Bryan McCrory	☐ Manager	Name: Scott Rosuck
Member	Address: 1221 S. Belt Line Rd.	Member	Address: 1221 S. Belt Line Rd.
Authorized	Coppell, TX 75019	🔀 Authorized	Coppell, TX 75019
Person		Person	
Other	Other	Other	Other
	•		2024
Manager	Name: Sherri Smith	☐ Manager	Name:
Member	Address: 1221 S. Belt Line Rd.	Member	Address:
⊠Authorized	Suite 500	Authorized	
Person	Coppell, TX 75019	Person	
Other.	Other	Other	Other 7111 8
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	**************************************
Other	Other	Other	Other
indexed individuals 9. Attached is a cert jurisdiction under th of the translator mu: 10. This document is	ise an attachment to report more than six (6), may be added to the index when filing your F ificate of existence, no more than 90 days old it law of which it is organized. (If the certificate be submitted) s executed in accordance with section 603:02 ment to the Department of State constitutes.)	lorida Department of State, duly authenticated by the ste is in a foreign language,	Annual Report form. official having custody of records in the a translation of the certificate under oath I am aware that any false information

Bryan McCrory

Typed or printed name of signee

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DAVE & BUSTER'S MANAGEMENT

CORPORATION, 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 TWENTY-THIRD DAY OF

JANUARY, A.D. 2024.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID "DAVE & BUSTER'S MANAGEMENT CORPORATION, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2004.

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

3848107 8300 SR# 20240210475

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

Jeffrey N. Bullecia, Secondary of State

Authentication: 202647262

Date: 01-23-24