

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C I CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: Cherre.Goodall@topgolf.com

**Foreign Limited Liability Company
TOPGOLF USA MEL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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JUL 29 2024

K. Brumbley

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Topgolf USA MEL, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

If name unavailable, alternate name to be adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC."

2. Delaware 3. 99-3758624
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See section 605.0601 & 605.0603, F.S., to determine penalty liability)

5. 8750 N Central Expy Suite 1200 6. 8750 N Central Expy Suite 1200
(Street Address of Principal Office) (Mailing Address)

Dallas, TX 75231

Dallas, TX 75231

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name C T Corporation System
Office Address 1200 South Pine Island Road
Plantation 33324 Florida
(City) (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.

C T Corporation by:

Jori Sawan
(Registered agent's signature)

Jori Sawan, Assistant Secretary

APPROVED
AND
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2024 JUL 29 PM 12:31
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

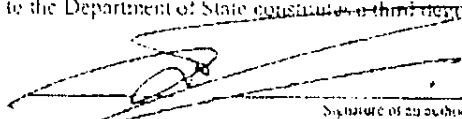
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Susana Arevalo</u>	☒ Manager	Name: <u>Naresh Srinivasan</u>
☐ Member	Address: <u>8750 N Central Expy Ste 1200</u>	☐ Member	Address: <u>8750 N Central Expy Ste 1200</u>
☐ Authorized	<u>Dallas, TX 75231</u>	☐ Authorized	<u>Dallas, TX 75231</u>
Person	_____	Person	_____
☐ Other	<u>_____</u>	☐ Other	<u>_____</u>
☐ Manager	Name: <u>TG Holdings I, LLC</u>	☐ Manager	Name: <u>_____</u>
☒ Member	Address: <u>8750 N Central Expy Ste 1200</u>	☐ Member	Address: <u>_____</u>
☐ Authorized	<u>Dallas, TX 75231</u>	☐ Authorized	<u>_____</u>
Person	_____	Person	_____
☐ Other	<u>_____</u>	☐ Other	<u>_____</u>
☐ Manager	Name: <u>_____</u>	☐ Manager	Name: <u>_____</u>
☐ Member	Address: <u>_____</u>	☐ Member	Address: <u>_____</u>
☐ Authorized	<u>_____</u>	☐ Authorized	<u>_____</u>
Person	_____	Person	_____
☐ Other	<u>_____</u>	☐ Other	<u>_____</u>

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.



 Signature of an authorized person

Naresh Srinivasan, Manager

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TOPGOLF USA MEL, 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 ELEVENTH DAY OF JULY, A.D. 2024.

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



4002345 8300

SR# 20243114046

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203903317

Date: 07-11-24