

M24000011815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

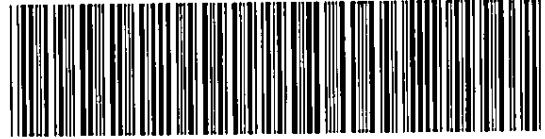
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 SEP 13 AM 10:44

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2024 SEP 13 PM 4:22

RECEIVED

SEP 13 2024

K Brumley



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 09/13/2024

Name: Patrice Rush

Reference #: 2463757

Entity Name: ARBITERSPORTS, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion


☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$125.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ArbiterSports, 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:

John Hopkins

Name of Person

ArbiterSports, LLC

Firm/Company

9815 S. Monroe St. Suite 204

Address

Sandy UT 84070

City/State and Zip Code

john.hopkins@arbittersports.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Hopkins

Name of Contact Person

801

Area Code

838-8851

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. ArbiterSports, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. Utah 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty, liability)

5. 9815 S. Monroe St. 6. 9815 S. Monroe St.
(Street Address of Principal Office) (Mailing Address)
Suite 204 Suite 204
Sandy UT 84070 Sandy UT 84070

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301
(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.



Catherine Hidalgo, Assistant Secretary

(Registered agent's signature)

2021 SEP 13 AM 10:44

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>
<input checked="" type="checkbox"/> Manager	Name: <u>Kyle Ford</u>	<input checked="" type="checkbox"/> Manager	Name: <u>John Hopkins</u>
<input type="checkbox"/> Member	Address: <u>9815 S. Monroe St.</u>	<input type="checkbox"/> Member	Address: <u>9815 S. Monroe St.</u>
<input type="checkbox"/> Authorized	<u>Suite 204</u>	<input type="checkbox"/> Authorized	<u>Suite 204</u>
Person	<u>Sandy, UT 84070</u>	Person	<u>Sandy, UT 84070</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Karen Mogridge</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Kristen Harisay</u>
<input type="checkbox"/> Member	Address: <u>9815 S. Monroe St.</u>	<input type="checkbox"/> Member	Address: <u>9815 S. Monroe St.</u>
<input type="checkbox"/> Authorized	<u>Suite 204</u>	<input type="checkbox"/> Authorized	<u>Suite 204</u>
Person	<u>Sandy, UT 84070</u>	Person	<u>Sandy, UT 84070</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Chad Fritz</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>9815 S. Monroe St.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 204</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Sandy, UT 84070</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



Signature of an authorized person

John Hopkins

Typed or printed name of signee



Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

09/11/2024
7059083-016009112024-1653753

CERTIFICATE OF EXISTENCE

Registration Number:	7059083-0160
Business Name:	ARBITERSPORTS, LLC
Registered Date:	July 01, 2008
Entity Type:	LLC - Domestic
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (**unless Delinquent**); and, that Articles of Dissolution have not been filed.



Adam Watson
Director
Division of Corporations and Commercial Code