Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

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Foreign Limited Liability Company BettorToken Sports Exchange LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

9/20/2024 09:44:51 PDT-Ta: 18506176383 Page: 2/4 Fax: 8134365206

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

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Flo			bility Company."	` "L.L.C," o	л "LL
Oursdiction under the law of which foreign limited hability company is organized)		3.	99-4424699 (FEI numbe	r. (Lapplicable)		_
	(Date first transacted business in Florida, if prior to r	egistration	y Face	.		
7901 4th St N			7901 4th St N			_
STE 300			STE 300			
St. Petersburg	FL 33702		St. Petersburg, FL	33702		_
ame and street address	ss of Florida registered agent: (P.O. Box	NOT.	ecceptable)	••	20.	
Name:	Registered Agents Inc			i	121 SEP 20	
Office Address:	7901 4th St N STE 300			r .		
	St. Petersburg		, Florida 33702	: 	MH 12: 35	
(Cny)			, Florida (Zip code)	 ;	33	

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.

David Rooms			
	(Registered agent's signature)	 	

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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 manage [up to six (6) total]:

Title or Capacity:	Name and Address: Name: Taylor, Matthew	Title or Capacity: □Manager	Name and Address: Name: Taylor, Mark
□ Manager	Address: 7901 4th St N STE 300	⊠Member	Address: 7901 4th St N STE 300
□Authorized	St. Petersburg FL 33702	□Authorized	St. Petersburg FL 33702
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized Person	Address.	☐ Authorized Person	Authors.
□Othei		(I)Other	
□ Manager □ Member	Name:	☐Manager	Name:Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other

<u>Important Notice</u>: 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.

Robin Jones

To: 18506176383 Page: 4/4

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY. Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

BettorToken Sports Exchange LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 5**, **2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001501303**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of September, 2024 at 1:55 PM. This certificate is assigned ID Number 076430527.



Secretary of State

Fax: 8134365206

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.