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S. ROBERTS

COVER LETTER

TO:	Registration Division of	Section Corporations					
SUBJE	CT: FBG E	nterprises Opco, LL	.c				
		Name of Limited Liability Company					
The enc Existence	losed "Applic ce, and check	ation by Foreign Limi are submitted to regis	ited Liability Company for Authorization to Transact Business in Florida," Certificate of ster the above referenced foreign limited liability company to transact business in Florida.				
Please r	eturn ail corre	spondence concerning	g this matter to the following:				
	Do	nna L. Smith					
			Name of Person				
	Fa	natics					
			Firm/Company				
	10	115 Barney Street					
	<u></u>		Address				
Lewes, DE 19958							
	City/State and Zip Code						
	dsmi	th@fanatics.com					
		E-mail a	address: (to be used for future annual report notification)				
For furth	ner informatio	n concerning this mat	tter, please call:				
Donna Smith		ħ	610 564-2967				
		Name of Contact	Person Area Code Daytime Telephone Number				
Mailing Address: Registration Section			Street Address: Registration Section				
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations				
			The Centre of Tallahassee				
	lallahasse	, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a Please make	check for the following theck payable to: FLC	ng amount: ORIDA DEPARTMENT OF STATE				
	□ \$125.00 F		0.00 Filing Fee & \$\Boxed{\Boxes}\$\$ \$155.00 Filing Fee & \$\Boxed{\Boxes}\$\$ \$160.00 Filing Fee, Certificate of Status \$\Boxed{\Certified Copy}\$\$ 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:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in E	iorida. The alt	ernate name must include "Limited Liabilit	ty Company." "L.L.C." or "LLC	. J
Delaware 2.		3.			
(Jurisdiction under the law of v	which foreign limited liability company is organized)	J	(FEI number, if	fapplicable)	
01/01/2022					
T	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) nine penalty ha	ability)	<u> </u>	
205 Hudson Street, 5.	5th F1.		100 Nations Way		
(Street Address of Principal Office)		6	(Mailing Address)		
New York, NY 1001	3	J	acksonville, FL 32256		
				5 C 73	
	ss of Florida registered agent: (P.O. Bo: Corporation Service Company	x <u>NOT</u> ac	ceptable)	JAH 12	Tiberara Estatuta
7. Name and street addres Name: Office Address:	_ , ,	x <u>NOT</u> ac	ceptable)	JAH 12 PH 2:4	The same of the sa
Name:	Corporation Service Company	x <u>NOT</u> ac	 	JAN 12 PH 2:	Carrier of the control of the contro
Name:	Corporation Service Company 1201 Hays Street	x NOT ac	<u> </u>	JAH 12 PH 2:4	Carrette S

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:	Title or Capacity:	Name and Address:
□Manager	Name: Michael G. Rubin	□Manager	Name: Matthew King
□Member	Address: 225 Washington St., 3rd Fl.	☐ Member	Address: 205 Hudson St., 5th Fl.
≅ Authorized	Conshohocken, PA 19428	■ Authorized	New York, NY 10013
Person	·	Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address: 205 Hudson St., 5th Fl.	□Member	Address: 205 Hudson St., 5th Fl.
■Authorized	New York, NY 10013	■ Authorized	New York, NY 10013
Person		Person	
□Other	Other	Other	Other
□Manager	Name: Ari Borod	□Manager	Name: Scott McClintic
□Member	Address: 205 Hudson St., 5th Fl.	□Member	Address: 205 Hudson St., 5th Fl.
Authorized	New York, NY 10013	■Authorized	New York, NY 10013
Person		Person	
Other	Other	□Other	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 thirt organe felony as provided for in s.817.155, F.S.

Signaphre of an authorized person

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FBG ENTERPRISES OPCO, 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 TWELFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FBG ENTERPRISES OPCO, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2021.

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



Authentication: 202381643

Date: 01-12-22