

M24000004129

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : COMPUTERSHARE
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Phone : (561)694-8107
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
Activate Games Orlando LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

2024 MAR 29 PM 12:42

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAR 29 PM 12:05
DEPARTMENT OF STATE



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. Activate Games Orlando 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 11-1099 Wilkes Avenue
(Street Address of Principal Office)

6. 11-1099 Wilkes Avenue
(Mailing Address)

Winnipeg, Manitoba R3P 2S2 Canada

Winnipeg, Manitoba R3P 2S2 Canada

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

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(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.

Tasha Edwards Tasha Edwardsm Special Secretary
(Registered agent's signature)

2024 MAR 29 PM 12:00
FILED

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:

☐ Manager

Name: Adam Schmidt

☒ Member

Address: 11-1099 Wilkes Avenue

☐ Authorized

Winnipeg, Manitoba R3P 2S2

Person

Canada

☐ Other _____

☐ Other _____

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other _____

☐ Other _____

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other _____

☐ Other _____

Title or Capacity:

Name and Address:

☐ Manager

Name: Megan Schmidt

☒ Member

Address: 11-1099 Wilkes Avenue

☐ Authorized

Winnipeg, Manitoba R3P 2S2

Person

Canada

☐ Other _____

☐ Other _____

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other _____

☐ Other _____

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ 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 third degree felony as provided for in s.817.155, F.S.

M Schmidt

Megan (Mar 26, 2024 10:41:13)

Signature of an authorized person

Megan Schmidt, Authorized Person

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 "ACTIVATE GAMES ORLANDO 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-EIGHTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACTIVATE GAMES ORLANDO LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2024.

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



3314329 8300

SR# 20241201019

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.

Authentication: 203131885

Date: 03-28-24