

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/6/2023 2:27 PM Fee Receipt: \$90.00

Division of Business	Filings
P.O. Box 718	
Frankfort, KY 40602	
(502) 564-3490	
www.sos.ky.gov	

Certificate of Authority (Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

			e : 111	- d linkiliky oppoppi
. The entity is a: X profi	corporation	nonprofit corporation		ed liability company
busi	ness trust	limited liability company	statutory trust	
limite	ed partnership	Itd cooperative association	public benefit con	rporation
non-	profit IIc	professional service corporation	other	
The name of the entity is S	ports Gambling Guides, Inc.			
. The hame of the entry is	(The name must be identical t	o the name on record with the Secre	tary of State.)	
	used in Kentucky is (if applicable):	(Only provide if real name is u	navailable for use; oth	erwise, leave blank.)
The state or country under v	hose law the entity is organized is	Delaware	1	
5. The date of organization is _	March 11, 2022		is perpetual	is sensidered perpetual
			(If left blank, duration	is considered perpetual.)
6. The mailing address of the e	entity's principal office is	Los Angeles	CA	90077
2934 1/2 Beverly Glen Bl Street Address	vd. Suite 513	City	State	Zip Code
	titude registered office in Kentucky	ie		
7. The street address of the er 306 W. Main Street, Suite	tity's registered office in Kentucky	Frankfort	KY	40601
Street Address (No P.O. Box		City	State	Zip Code
	agent at that office is CT Corpo	oration System		
	decases of the optitu's representat	tives (secretary, officers and directors,	managers, trustees or g	general partners):
The names and business are			СА	90210
Mark Paul	9661 Wendover Driv	e Beverly Hills City	State	Zip Code
lame	Street or P.O. Box		CA	90210
Troy Paul	9661 Wendover Driv Street or P.O. Box	City	State	Zip Code
Name	Street of P.O. Box	,		
		City	State	Zip Code

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

- the Same		Mark Paul, CFC	0	04/05/2023	
Signature of Authorized Representative			ame & Title	Date	
L C T Corporation System		, consent to serve as the registered agent on behalf of the business entity.			
Type/Print Name of Registered Agent C T Corporation System	CRUISTAN VEW	Christine Kelm Assistant Secretary		4/6/23	
By: Signature of Registered Agent		nted Name	Title	Date	