Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-3537

Athlete Agent Registration Form

Please Type or Print Clearly in Ink

Make Payment Payable to SECRETARY OF STATE

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MAR 1 3 2024

SD Secretary of State

Please check the applicable filing status.

- _ Initial Application \$100 Fee
- _ Application based on certification in another state per §59-10-5(b): \$50 Fee

_ Application for R	enewal \$25 Fee				
. Name: Trevor Book	er				
202-441-0184	tbooker@jbfitzgerald.com				
Daytime Phone	Email Address				
. The address for the	e applicant's principal place of bu	siness:			
270 Car Farm Rd., Su	te 200	Lincolnton	NG	28/	092
Street Address		City	State	ZII	
3733 Prosperity Chun	ch Rd	Charlotte	NC	00	000
Mailing Address (Option		City	State	ZIF	268
. The name of the a	oplicant's business or employer:	Seros Partners LLC			
List any business of application:	r occupation engaged in by the a	applicant for the five years ne	xt preceding the da	ate of the	9
ID Plantage 100					
JB Fitzgerald Ventur	e Capital - Partner				
by notable NBPA Agent	as an NBPA-certifled agent. I have studie the NIL framework and rules from my lea s Jim Tanner and JR Hensley. I also atter tosted by Bobby Marks and Eric Pincus o	al counsel at Wombie Bond Dickins nded multiple Webinars teaching ren	on. During my NBA care presentation hosted by the	er I was r	hatnazarna
Provide a brief des	cription of your practical experien	no as an athlete agent			
I was drafted in the first rou	and of the 2010 NBA Draft by the Minnesota Tin	nherwolves I hart an 8-veer professional	hasirathall career where I	undood	
THRUBING WITH ATDIRES AGED	is. I am well-versed in contract negotiations and sponsorship and endorsement opportunities for	t what it takes to represent an athlete. I h	must be a first and a local and a local and a	of the Money	
INDW Dalatice, Adioas, UVB	rilme Sports, and more. During my NHA career	I was also intimately involved to the near	ntintion and away has of m	ar & lifes whom	
my NBA teams.	its, resulting in me getting both monetary comp	ensation and merchandising value that y	es better then some of the	top players	On
Provide a brief des	cription of your educational backs	ground related to being an at	hlete agent:		
	y- Bachelors Degree with Minor in Sp	- II :# III			
Semenal Silversia	P Dadriciora Degree mur Maior in a	ours waragement			
Provide names and	addresses of three references n	ot related to the applicant:			
Jonah Baize	709 Pinnacle Dri	No.	Pinting	10 00000	
Name	Address	City	Station N	IC 28080 State	ZIP
Hallon Vaugha Double	2170 0		4		
Hallee Vaughn-Dawkins Name	3172 Roswell F Address	Rd NW #1309 Atla City	nta	GA State	30306 ZIP
Affirmula Diabassia			00	Juic	
Mikayla Richardson Name	185 Color Cir Address	Atla	nta	GA 30317	
	Address	City		State	ZIP

U .:	To Whom have you sen	ved as an athlete agent in the past 5 (fiv	e) years:		
	Name	Sport	Last Known Team	_	
	Name	Sport	Last Known Team	-	
	Name	Sport	Last Known Team		
	Name	Sport	Last Known Team		
10.	If the applicant's busine managers, or profit-sha	ess is not a corporation, list the names a		bers, o	officers,
	Jonah Baize	709 Pinnacle Drive	ni nao ur		
	Name	Address	Iron Station City	NC State	28080 ZIP
	Name	Address	City	State	ZIP
	any snarenoider of the c	ng the applicant is a corporation, list the corporation having a five percent interes	names and addresses of the office t or greater.	rs, dire	ectors, and
)	Name	Address	City	State	ZIP
1	Name	Address	City	State	ZIP
12.	would be considered a (ed in questions 10 or 11 been convicted crime of moral turpitude or a felony?	of a crime, that in South Dakota,	-	Yes <u>x</u> N
	If yes please identify the				
13.	have made false, mislea	ed in questions 10 or 11 been administra ading, deceptive or fraudulent represent	atively or judicially determined to ations?	-	Yes x N
14.	sanction, suspension, or	t of anyone listed in questions 10 or 11 or declaration of ineligibility to participate vent on a student athlete or educational	in an interscholastic or	-	Yes <u>x</u> N
15.	Have you or anyone liste taken against you / them	ed in questions 10 or 11 had any sanction because of occupational or profession	on, suspension or disciplinary action al conduct?	· —	Yes <u>x</u> N
16.	Have you or anyone liste revocation of, or refusal	ed in questions 10 or 11 ever been denie to renew the athlete agents registration	ed an application for, suspension or of licensure?	_	Yes <u>x</u> No
Atta	ch additional pages as n	eeded when there is insufficient room to	fully complete a question.		
de	clare under penalty of pe lication and any accompa	erjury, under the laws of the State of Sou anying documents are true and correct.	th Dakota, that all statements conta	ained i	n this
Date	ed 03/05/2024		HB		
		Trevi	ature of Applicant) or Booker		
		(Print)	ed Name)		

State of Florida Department of Business and Professional Regulation Division of Professions: Athlete Agents Application for Licensure as an Athlete Agent Form # DBPR AA-4101

APPLICATION CHECKLIST - IMPORTANT - Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
Application for Licensure as an Athlete Agent	□ Fee of \$630. Make check payable to the Florida Department of Business and Professional Regulation. □ Completed form DBPR AA-4101 - Application for Licensure as an Athlete Agent. □ Electronic fingerprints. □ Supporting legal documentation (if applicable). See Section 2(b) of Instructions.
Reinstatement from Null and Void	 Fee of \$505. Make check payable to the Florida Department of Business and Professional Regulation. Electronic fingerprints. Provide an explanation of illness or economic hardship that prevented renewal and any documents you wish to provide to support your claim of hardship.

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399-0783

Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

1. General Requirements for Athlete Agent License

- a. Applicant must be at least 18 years of age.
- Applicant must submit electronic fingerprints.
 - Electronic fingerprinting is available at various convenient sites throughout the state. See http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger_faq.pdf for more information.
- c. If you are an applicant who holds a certificate, license or registration as an Athlete Agent in another state you may submit a copy of the application and certificate in lieu of this application if the application to the other state was submitted in the other state within six months preceding the submission of the application in Florida and the applicant certifies that the information contained in the application is current; contains information substantially similar to or more comprehensive than that required in an application submitted in Florida; and was signed by the applicant under penalty and perjury. You must also submit a fee in the amount of \$880 and electronic fingerprints.

2. Application Instructions (by section)

a. Section I-Transaction Type

- Check application type.
- If you are applying for reinstatement from null and void, provide a detailed explanation for your illness or undue hardship that prevented renewal. Provide your previous license number.

b. Section II- Applicant Information

Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.

- ii. In the Full Legal Name section provide your full legal name as it appears on your Social Security card. Do not use any nicknames or initials. Please list any aliases or prior names in the Prior Name information section.
- Provide your mailing address. This will be used for sending correspondence regarding your application and license
- Contact information is often used to quickly resolve questions with applications by iv. telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve
- Applicants are required to provide at least one physical address i.e., not a P.O. Box. If the mailing address is not also your physical address, please provide a physical address.
- Applicant's addresses are used only for Department purposes and will not be printed on Vi. the license.
- vii. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
- Applicants must provide information on current or prior licenses held in Florida or any viii. other state, territory, or jurisdiction of the United States or in any foreign national
- ix. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.

c. Section III (a), (b), and (c)- Background Questions

- Applicants must submit answers to each of the background questions.
- ii. Question 1:
 - (1) If you answer "yes" to this question, you must complete Section III (b) [make additional copies as necessary] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. You must supply this documentation for each occurrence. If you are unable to supply this documentation, a certified statement from the Clerk of Court for the relevant jurisdiction stating the status of records is required.
 - (2)If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
- iii Question 2:
 - If you answer "yes" to this question, you must complete Section III (c) [make additional copies as necessary] of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
- Question 3:
 - If you answer "yes" to this question, you must complete Section III (c) [make additional copies as necessary] of the application and supply copies of documentation explaining the denial or pending action.
- Question 4:
 - If you answer "yes" to this question, you must complete Section III (c) [make additional copies as necessary] of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.

d. Section IV – Explanation of Illness or Economic Hardship

- For applicants applying for reinstatement of a null and void license, provide a detailed explanation of illness or economic hardship that prevented renewal. Attach any documents you wish to provide to support your claim of hardship.
- e. Section V- Affirmation by Written Declaration
 - Please read and sign the affirmation by written declaration.
 - If the applicant fails to sign the affirmation statement, the Department will not process the application.

State of Florida Department of Business and Professional Regulation Division of Professions: Athlete Agents Application for Licensure as an Athlete Agent Form # DBPR AA-4101

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395. For additional information see the Instructions at the beginning of this application.

Castian I	A CONTRACTOR	T
Section I	 Application 	LVDe

W.,	CHECK ONE OF THE APPLICATION TYPES
X	Athlete Agent Initial License [6001/1030]
	Athlete Agent Reinstatement from Null and Void [6001/1033] Previous License No.:

Section II – Applicant Inf

Section II - Applicant Infor	nation			
	APPLICANT	T INFORM/	ATION	
Social Security Number* 25	1696507			
	FULL L	EGAL NAM	Baginala	
Last/Surname	First		Middle	Suffix
Booker	Trevor			
Birth Date (MM/DD/YYYY)		Gender		
11 / 25 / 1987		Male Male	☐ Female	
	MAILIN	G ADDRES	S	
Street Address or P.O. Box 3733 Prosperity Church Rd				
City Charlotte		_	State NC	Zip Code (+4 optional) 28269
County (if Florida address)		Country	,	1 20000
그리 나타를 보고 얼마나 다른 사람이 없다.	CONTACT	INFORMA	TION	AND STATE OF STATE OF STATE
Primary Phone Number 202) 441-0184	Primary E-Mail tbooker@jbfitzge	l Address		
RESIDENC	E ADDRESS (IF DIF		HAN MAILING	ADDRESS)
Street Address				
The Samuel Control of the Control of	-			
	-			
City			State	Zip Code (+4 optional)
County (if Florida address)		Country	,	
ADD	DITIONAL CONTACT	INFORMA	TION (OPTION	NAL)
Alternate Phone Number		Fax Nu		
Alternate E-Mail Address				

^{*} The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.



Section II - Applicant Information - continued

CL	IRRENT/PRIOR	LICENSE INFORMATION	
If you currently hold or have prevelsewhere, please list each one	riously held a bus	siness or professional licens	e/registration in Florida or
License/Registration Type	State	Date (From)	Date (To)
License Number		Name Used	
License/Registration Type	State	Date (From)	Date (To)
License Number		Name Used	
License/Registration Type	State	Date (From)	Date (To)
License Number		Name Used	
		ME INFORMATION	
Have you used, been known as, nickname) or alias other than the If your answer is yes, state name	name signed to	the application? Yes	., maiden name or ⊠ No
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

Section III - Background Questions

	BACKGROUND QUESTIONS						
1.	☐ Yes (If yes, please complete Section III (b))	₩ No	Have you ever been convicted or found guilty of, or entered a plea of noto contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.				
2.	☐ Yes (If yes, please complete Section III (c))	⊠ (No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?				
3.	☐ Yes (If yes, please complete Section III (c))	DEC No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?				
4.	☐ Yes (If yes, please complete Section III (c))	SK No.	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?				

If you answered "YES" to any question in questions 1-4 above, please refer to Section 2(b) of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section III (b) for your response to question 1, and complete Section III (c) for your response to questions 2 through 4. If you have more than two offenses to document in Section III (b), or more than one offense to document in Section III(c), attach additional pages as necessary.

Section III (b) - Explanation(s) for Background Question 1

	EXPLANATION
Offense	The state of the s
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY)	Have all sanctions been satisfied? ☐ Yes ☐ No
Description	
Description	THE THO

Section III (b) - Explanation(s) for B	ackground Question 1 - continued	0 01 7
	EXPLANATION	
Offense		
County	State	
Penalty/Disposition	.i.	F
Date of Offense (MM/DD/YYYY)	Have all sanctions been satisfied? ☐ Yes ☐ No	
Description	L control of the cont	
Section III (c) - Explanation(s) for Ba	ackground Questions 2 through 4	- 1
Carlo de la	EXPLANATION	
State/Jurisdiction:	Application Type/License Number:	
		+

4 6 - 8

Section IV - Explanation of Illness or Economic Hardship **EXPLANATION OF ILLNESS OR ECONOMIC HARDSHIP** This Section is only required for applicants who are applying to reactivate a null and void license. Section V – Affirmation By Written Declaration AFFIRMATION BY WRITTEN DECLARATION I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I

understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license. Date: December 28, 2023 Signature: F7A992F67DD04C4 Print Name: Trevor Booker



Melanie S. Griffin, Secretary



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION STATE OF FLORIDA

OFFICE OF ATHLETE AGENTS

THE ATHLETE AGENT HEREIN IS LICENSED UNDER THE PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

BOOKER, TREVOR

3733 PROSPERITY CHURCH RD CHARLOTTE NC 28269

LICENSE NUMBER: AG1606

EXPIRATION DATE: MAY 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 02/21/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.







RECEIVED

APR 1 8 2024

SD Secretary of State

April 17, 2024

Trevor Booker Seros Partners LLC 270 Car Farm Rd, Suite 200 Lincolnton, NC 26092

Attached is your South Dakota Athlete Agent certificate.

No such certificate shall be transferred to or used by any other person or business entity other than the person or business entity to whom the certificate was issued.

Services are subject to sale tax in South Dakota. If you are providing your service in South Dakota, you need to apply for a SD Sales Tax license. Please visit the South Dakota Department of Revenue website at dor.sd.gov.

State of South Dakota Department of Labor and Regulation

TREVOR BOOKER

Seros Partners LLC 270 Car Farm Rd, Suite 200 Lincolnton, NC 26092

Has been registered by the SD Department of Labor and Regulation as an

ATHLETE AGENT

Effective: 04/17/2024

EXPIRATION: 04/16/2026

Marcia Hultman, Secretary of Labor & Regulation

This certificate is non-transferable to any other person or entity other than to whom the certificate was issued.