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

FILE DATE RECEIPT NO

Plea	ase check the applicable filing status.							
=	Initial Application \$100 Fee	RECEIVED						
_	Application based on certification in another state per §59-10-5(b): \$50 Fee	DEC 0 3 2024						
4	Application for Renewal \$25 Fee							
1. N	1. Name: Surah Jackson (f/Ha Sarah Cullen)							
	174. 249.0204 Sjackson @ 3 XL sports . Com Email Address							
2. T	he address for the applicant's principal place of business:							
	3482 Manyvate Dr. Decativ	(A) 3	0032					
S	treet Address City	State	ZIP					
M	ailing Address (Optional)							
	J.l.y	State	ZIP					
S. I	he name of the applicant's business or employer: 3XL Sports Managemo	ent						
-								
4. Li aj	List any business or occupation engaged in by the applicant for the five years next preceding the date of the application:							
Remain Full-time business development and operations director at law firm. Work								
as agent is completely unrelated.								
5. Pi	Provide a brief description of your training as an athlete agent:							
in addition to education and internships, I attend at least a NPIPA seminars per								
L	year and compute work continuing education to retain my GFA license.							
	Provide a brief description of your practical experience as an athlete agent:							
	The peen anNFL agent since 2019 after real ble experience (interesting beginning in 20)							
1	ve also represented players in own spens as an NIL agent and manueting	g agent.						
. Pr	ovide a brief description of your educational background related to being an athlete a	gent:						
	Undergrand - sport management - University of Michiga	Ĉ/)						
_/	Master of Legal Studies - Northeastern University.							
. Pro	ovide names and addresses of three references not related to the applicant:							
5	Marios Soares 170 BIVOISE, E123 Atlanta	GA						
Nar	Address City	State	ZIP					
Nar	Tanya Kadar 665 8th St. ATTanta	LaA	30318					
1	Tanyn Kadar Lelis 8th St. Atlanta me Address City Melissa Heffner 210 Hown St. Decater	State						
Nar	Mens Sa Hettner 210 Hown St. Decater City	GA State	30030 ZIP					

9.	For whom have you serve	ed as an athlete agent in the past 5 (five) years						
	Hhmarcan Brown		Buffelo Buis						
	Name	Sport	Last Known Team						
	Name KIIIL	Wrestling	WHE NXT						
	Andier Diniel	Sport	Last Known Team						
	Name	Sport	Calgary Stam	mede	2.1				
	Kassidy Cook		Last Known Team	,					
	Name		Last Known Team						
10	O. If the applicant's business is not a corporation, list the names and addresses of the partners, members, officers, managers, or profit-sharers of the business: - 2.76								
	Name	Address							
		Address	City	State	ZIP				
	Name	Address	City	Ctala	710				
11	If the business employing	the self-life file		State	ZIP				
5,6	 If the business employing the applicant is a corporation, list the names and addresses of the officers, directors, and any shareholder of the corporation having a five percent interest or greater. 								
	Name								
	name -	Address	City	State	ZIP				
	Name	Address							
			City	State	ZIP				
12.	 Have you or anyone listed in questions 10 or 11 been convicted of a crime, that in South Dakota, Yes would be considered a crime of moral turpitude or a felony? 								
	If yes please identify the c	rime:							
13.	Have you or anyone listed in questions 10 or 11 been administratively or judicially determined to have made false, misleading, deceptive or fraudulent representations?								
14,	14. Has your conduct or that of anyone listed in questions 10 or 11 resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution? Yes Yes								
15. Have you or anyone listed in questions 10 or 11 had any sanction, suspension or disciplinary action Yes No taken against you / them because of occupational or professional conduct?									
16.	Have you or anyone listed revocation of, or refusal to	in questions 10 or 11 ever been den renew the athlete agents registration	ied an application for, suspension of licensure?	or —	Yes _ No				
Atta	ch additional pages as nee	ded when there is insufficient room t	o fully complete a question.						
l de	clare under penalty of perjuication and any accompan	ry, under the laws of the State of Sol ying documents are true and correct.	uth Dakota, that all statements con	tained ir	n this				
Date	d Nov 10 2024	(Silgr	nature of Applicant)						
		(Prin	ted Name)						



January 15, 2025

Sarah Jackson 3XL Sports Management 3482 Maryvale Dr. Decatur GA 30032

Attached is your South Dakota Athlete Agent certificate.

RECEIVED

JAN 1 6 2025

Filed this _____ day of

waru 2025

SECRETARY OF STATE

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 sales 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

Sarah Jackson

3XL Sports Management 3482 Maryvale Dr. Decatur GA 30032

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

ATHLETE AGENT

Effective: 01/15/2025

EXPIRATION: 01/14/2027

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.