

L140000012530 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

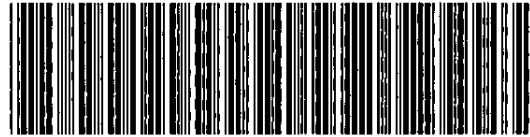
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-1437

Office Use Only



300254776773

12/30/13--01017--018 **130.00

2014 JAN 17 PM 3:09
FALLON, NV

B. BOSTICK

JAN 22 2014

CLERK

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AP Athletics, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Austin Piechocki

Name of Person

AP Athletics, LLC

Firm/Company

2032 Rainbow Farms Dr.

Address

Safety Harbor, FL 34695

City/State and Zip Code

deb105@yahoo.com

AustinPie1991@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Austin Piechocki

Name of Person

at (727) 418-9647

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AP Athletics, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2032 Rainbow Farms Dr.

Safety Harbor, FL 34695

Mailing Address:

2032 Rainbow Farms Dr.

Safety Harbor, FL 34695

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Austin Piechocki

Name

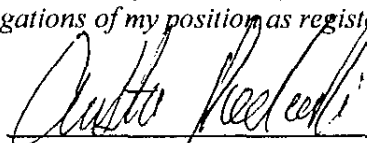
2032 Rainbow Farms Dr.

Florida street address (P.O. Box **NOT** acceptable)

Safety Harbor FL 34695

City, State, and Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 409 F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

Austin Piechocki
2032 Rainbow Farms Dr
Safety Harbor FL 34695

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with § 605 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Austin Piechocki

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

January 16, 2014

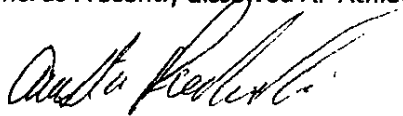
Florida Department of State
Division of Corporations
Attn: Barbara Bostick
P.O. Box 6327
Tallahassee, FL 32314

Re: AP Athletics, Inc. and LLC

Dear Ms. Barbara Bostick

I, Austin Piechocki, the founder of AP Athletics, Inc., have the right to give away the name AP Athletics, Inc. as I recently dissolved AP Athletics, Inc in order to form a LLC under the same name.

Sincerely,



Austin Piechocki
2032 Rainbow Farms Dr.
Safety Harbor, FL 34695

2014 JAN 17 PM 3:45
FALLS OF 1500



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2014

AUSTIN PIECHOCKI
2032 RAINBOW FARMS DRIVE
SAFETY HARBOR, FL 34695

SUBJECT: AP ATHLETICS, LLC
Ref. Number: W14000001437

We have received your document for AP ATHLETICS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P13000086722.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 314A00000520