

L04000042977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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D. Office Use Only

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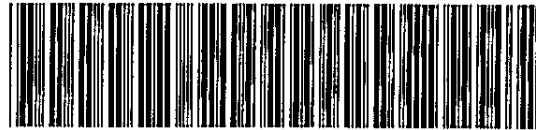
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Supervisory

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Verifier

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SECRETARY OF STATE
TALLAHASSEE, FL

2004 JUN -4 P 4: 08

F11577

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATHLETIC PRODUCTIONS ACROSS AMERICA, 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:

LORI MOSES

(Name of Person)

(Firm/Company)

4921 S LOIS AVE, SUITE A,

(Address)

TAMPA, FL 33611

(City/State and Zip Code)

For further information concerning this matter, please call:

LORI MOSES

(Name of Person)

at 813 837-1842

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1004 JUN -4 P 4:08

FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

ATHLETIC PRODUCTIONS ACROSS AMERICA, LLC

ARTICLE II - Address:

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

Principal Office Address:

4921 S LOIS AVE

SUITE A

TAMPA, FL 33611

Mailing Address:

4921 S LOIS AVE

SUITE A

TAMPA, FL 33611

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

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

RICK SCHULZ

Name

3615 BELCHER DRIVE

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

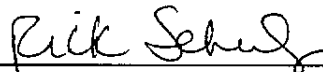
TAMPA

FLORIDA 33629

City, State, and Zip

FILED
2008 JUN - P 4:08
TAMPA, FLORIDA
STATE SECRETARY OF STATE

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 608, Florida Statutes..



Registered Agent's Signature

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

Name and Address:

<u>MGRM</u>	<u>LORI MOSES</u> <u>2708 MOCK ORANGE CT</u> <u>VALRICO, FL 33594</u>
<u>MGRM</u>	<u>RICK SCHULZ</u> <u>3615 BELCHER DRIVE</u> <u>TAMPA, FL 33629</u>
<u>MGRM</u>	<u>KRISTOPHER E FERNANDEZ</u> <u>307 S. BOULEVARD SUITE D</u> <u>TAMPA, FL 33606</u>
<u>MGRM</u>	<u>JOE PIETRO</u> <u>4921 S LOIS AVE SUITE A</u> <u>TAMPA, FL 33611</u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Rick Schulz

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RICK SCHULZ

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization ✓

\$ 25.00 Designation of Registered Agent ✓

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional) ✓

Enclosed \$ 135
- \$ 95.09