L12000013722

(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:
,

Office Use Only

B. KOHR

JAN 3 0 2012

EXAMINER



400219717144

01/27/12--01009--019 **125.00

12:01 W 17 MHO: 51

SECRETARY OF STATE

12 JAN 27 THEED

12 JAN 27 THEED

COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJ	ECT. Pow	er Football, LLC		
5020	DC1		ed Liability Company	
				☆ §
The er	nclosed Articles	s of Organization and fee(s) are	submitted for filing.	LEH.
Please	return all corre	espondence concerning this matt	er to the following:	57
	Jason K	(ellv		12 JH 27 FT
			Name of Person	
			Firm/Company	
	655 Cel	ebration Ave		
			Address	,
	Calabratic	on El 24747		
	Celebration	on, FL 34747	y/State and Zip Code	<u> </u>
	DoworFoo	otballLLC@gmail.com	y/State and Elip Code	
	FOWEIFOC		or future annual report notification)	
For fu	rther information	on concerning this matter, please	e call:	
Jaso	on Kelly		at (570) 899-5727	
	Nan	ne of Person	Area Code & Daytime Telephor	ne Number
Enclo	sed is a check	for the following amount:		
	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	160.00 Filing Fee, ertificate of Status & ertified Copy dditional 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 Circl Tallahassee, FL 32301	e

ARTICLE I - Name:	:			
The name of the Limited Liability Company is:				
	inpany is.			
Power Football, LLC	<u>ئ</u>			
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
	of the principal office of the Limited Liability Com			
The mailing address and street address	of the principal office of the Limited Liability Com Mailing Address:			
The mailing address and street address Principal Office Address:				
The mailing address and street address Principal Office Address: 655 Celebration Ave	Mailing Address:			
The mailing address and street address Principal Office Address: 655 Celebration Ave	Mailing Address: 655 Celebration Ave			
The mailing address and street address	Mailing Address: 655 Celebration Ave			
The mailing address and street address Principal Office Address: 655 Celebration Ave Celebration, FL 34747	Mailing Address: 655 Celebration Ave			

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

Jason Kelly	
	Name
655 Celebrat	ion Ave
Florida s	street address (P.O. Box NOT acceptable)
Celebration	_{FL} 34747
	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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mo	mber
MGR	Jason Kelly
	655 Celebration Ave
	Celebration, FL 34747
(Use attachment if necessar	ry)
CLE V: Effective date, if of	ner than the date of filing: (OPTIONAL
ffective date is listed, the d	ate must be specific and cannot be more than five business days
•	• • • • • • • • • • • • • • • • • • •
) days after the date of fill	
oays after the date of thi	
D days after the date of flut REQUIRED SIGNATUE	E:
·	RE:
D days after the date of filing the second section of the section o	RE:
·	E:
REQUIRED SIGNATUR	
REQUIRED SIGNATUR	of a member of an authorized representative of a member. th section 608.408(3), Florida Statutes, the execution of this document

Jason Kelly

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)