L12000019636

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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│ Special Instructions to Filing Officer: │
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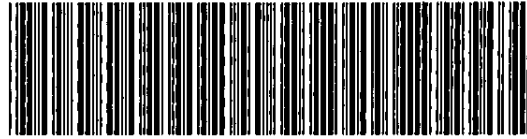
Office Use Only

COVER LETTER

TO: Registration Section
            Division of Corporations

SUBJECT: _Motion Sports Management, LLC_
            (Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Alan P. Johnson
_____
            (Contact Person)

Motion Sports Management
_____
            (Firm/Company)

9375 Blind Pass Road
_____
            (Address)

St. Pete Beach, FL 33706
_____
            (City, State and Zip Code)

alanj@runmsm.com
_____
E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Alan P. Johnson   at (727) 363-8880
_____
    (Name of Contact Person)   (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $150.00 Filing Fees   ☐ $155.00 Filing Fees   ☐ $180.00 Filing Fees   ☐ $185.00 Filing Fees,
($25 for Conversion   and Certificate of   and Certified Copy   Certified Copy, and
& $125 for Articles   Status   Certificate of Status
of Organization)

STREET ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P. O. Box 6327
2661 Executive Center Circle   Tallahassee, FL 32314
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Motion Sports Management, LLC.

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

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9375 Blind Pass Road

St. Pete Beach, FL 33706

Mailing Address:

9375 Blind Pass Road

St. Pete Beach, FL 33706

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:

Alan P. Johnson
<div align="center">Name</div>

9375 Blind Pass Road
Florida street address (P.O. Box **NOT** acceptable)

St. Pete Beach   FL 33706
<div align="center">City, State, and Zip</div>

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)

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FILED
12 FEB -8 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Member

MGR   Alan P. Johnson
                                      9375 Blind Pass Road
                                      St. Pete Beach, FL 33706
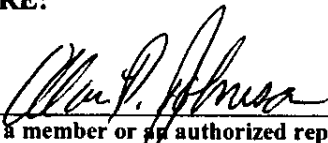
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _ _____ .
                                                        (OPTIONAL)
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

REQUIRED SIGNATURE:

_____
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. 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.)

Alan P. Johnson
_____
Typed or printed name of signee

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