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(Re	questor's Name)	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAY 1'6 2012' T. **HAMPTON**

COVER LETTER

TO:	Registration Division of C		*	
SUBJE	ECT: Asto	n Sports Represer	ntation, LLC	
			ed Liability Company	
The en	closed Articles	of Organization and fee(s) are s	submitted for filing.	
Please	return all corre	spondence concerning this matte	er to the following:	
	Aston W			
			Name of Person	
			Firm/Company	
	2225 So	uthwest 25th Aven		
			Address	
Į	Miami, Flo	orida 33145		
	awilean34	·	y/State and Zip Code	
•	awii501154(@gmail.com E-mail address: (to be used for	or future annual report notification)	
For fur	ther information	n concerning this matter, please	call:	
Asto	n Wilson		at (407) 383-2713	
-	Nam	e of Person	Area Code & Daytime Telep	hone Number
Enclos	sed 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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

À	DT	ICL	E I	1	Na	
А	ĸı	IL.I	4P. 1	- 1	N8	me:

The name of the Limited Liability Company is:

Aston Sports Representation, 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:	Mailing Address:
147 Alhambra Circle	2225 Southwest 25th Avenue
Suite 140 B	Miami, FL 33145
Coral Gables, FL 33134	

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:

Aston W	/ilson, Jr.
	Name
2225 8	Southwest 25th Avenue
	Florida street address (P.O. Box NOT acceptable)
Miami	_{FL} 33145
	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

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Aston Wilson, Jr. 2225 SW 25th Avenue
	Miami, FL 33145
	
-	
(Use attachment if necessary)	
TICLE V: Effective date, if other than n effective date is listed, the date muse 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days pr
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.)

Milson TR

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)

12 MAY 15 AM 10: 26