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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT -9 2014

T. BROWN

~~1111-44668~~

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Physical Literacy For Adolescents, 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:

Michael Hagen, Attorney
Name of Person
Hagen Law Firm
Firm/Company
6249 Presidential Ct Ste F
Address
Fort Myers FL 33919
City/State and Zip Code
judy@mike.hagen.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Hagen at (239) 275-0808
Name of Person 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)

* (previously paid 7-16-2014
see attached)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2014

TODD WICKMANN
LIFESTYLES CHIROPRACTIC
11300 LINDBERGH BLVD STE 110
FORT MYERS, FL 33913

SUBJECT: P.L.A.Y.
Ref. Number: W14000044668

We have received your document for P.L.A.Y. 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 existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P00000004266.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2014

MICHAEL S HAGEN
HAGEN LAW FIRM
6249 PRESIDENTIAL COURT STE F
FORT MYERS, FL 33913

SUBJECT: PHYSICAL LITERACY FOR ADOLESCENTS, LLC
Ref. Number: W14000044668

We have received your document for PHYSICAL LITERACY FOR ADOLESCENTS, 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 person designated as registered agent in the document and the person signing as registered agent must be the same.

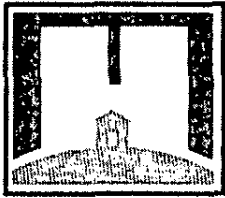
The document must be signed by a member or an authorized representative of a member.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 914A00021039



Hagen Law Firm

REAL ESTATE LAW STRATEGIES
Advising Southwest Florida Since 1985

September 10, 2014

Florida Division of Corporations
Attn: Registration Section
Clifton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

VIA OVERNIGHT DELIVERY

Re: LLC Registration for Physical Literacy for Adolescents, LLC

Dear Sir/Madam:

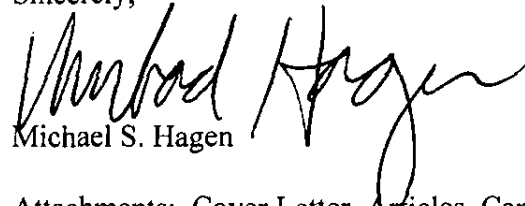
Please find attached the Articles of Organization for Florida LLC for Physical Literacy for Adolescents, LLC.

Note that I am not enclosing the filing fee. My client previously attempted to file this LLC under the name of PLAY, LLC on July 16, 2014, but that application was rejected because the name PLAY, Inc. was already taken and deemed substantially similar to his requested PLAY, LLC. The copy of the check from Lifestyles Chiropractic dated July 16, 2014 in the amount of \$130.00, which is check no. 5368, is attached.

Please apply that previously received and not returned filing fee of \$130.00 to the filing fee for Physical Literacy for Adolescents, LLC.

Please call me if you have any questions about this matter.

Sincerely,



Michael S. Hagen

Attachments: Cover Letter, Articles, Cancelled Check

cc: Todd Wickmann at todd_wickmann@comcast.net

6249 Presidential Court · Suite F · Fort Myers, Florida · 33919
Phone: (239) 275-0808 · Fax: (239) 275-3313
E-mail: Info@MikeHagen.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Physical Literacy For Adolescents, 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:11300 Lindbergh Blvd #110
Fort Myers FL 33913Mailing Address:Same as principal office

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:

Todd E. Wickman

Name

11300 Lindbergh Blvd #110Florida street address (P.O. Box NOT acceptable)Fort Myers

City

FL 33913

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 605, F.S..

* Michael S. Hagen as attorney-in-fact for

(Registered Agent's Signature (REQUIRED))

Todd E. Wickman

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

- MGR -

Name and Address:

Todd Wickman
 11300 Woodberry Blvd #110
 Fort Myers FL 33913

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Michael S. Hagen, as attorney-in-fact for
 Todd E. Wickman, MGR

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

(In accordance with section 605.0203 (1) (b), 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.)

MICHAEL S. HAGEN AS ATTORNEY-IN-FACT FOR TODD E. WICKMAN, MGR

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)