

LI 5000008497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

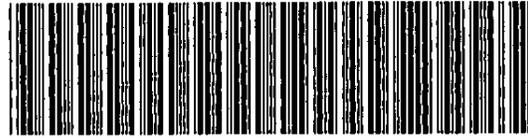
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000267254810

12/15/14--01010--007 **130.00

RECEIVED
15 JAN - 6 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 16 2015

1117



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2014

ADAM O'NEIL
PO BOX 471205
KISSIMMEE, FL 34747

SUBJECT: O'NEIL SPORTS MANAGEMENT, LLC
Ref. Number: W14000075073

We have received your document for O'NEIL SPORTS MANAGEMENT, 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):

Please list the complete principal office address.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00026729

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: O'Neil Sports Management, 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:

Adam C. O'Neil
Name of Person

O'Neil Sports Management, LLC
Firm/Company

P.O. Box 471205
Address

Kissimmee, FL 34747
City/State and Zip Code

adam@oneilsports.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam C. O'Neil at (313) 727-6097
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)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

O'Neil Sports Management, 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:

<u>P.O. Box 471205</u>	<u>4733 Hemingway House St.</u>	<u>P.O. Box 471205</u>
<u>Kissimmee, FL 34747</u>	<u>Kissimmee, FL 34746</u>	<u>Kissimmee, FL 34747</u>

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

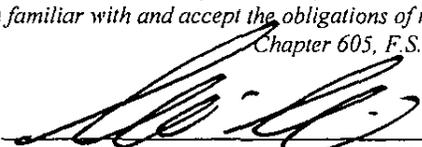
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

<u>Adam C. O'Neil</u>	_____
Name	
<u>4733 Hemingway House Street</u>	_____
Florida street address (P.O. Box NOT acceptable)	
<u>Kissimmee</u>	<u>FL 34746</u>
City	Zip

FILED
 15 JAN - 6 AM 8:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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..



 Registered Agent's Signature (REQUIRED)

(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
AMBR

Name and Address:
Adam C. O'Neil
P.O. Box 471205
Kissimmee, FL 34747

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2015 (OPTIONAL) 90 days after
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to the date of filing.)

ARTICLE VI: Other provisions, if any.

RECEIVED
15 JAN - 6 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:



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.)

Adam C. O'Neil
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)