

L1500007773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

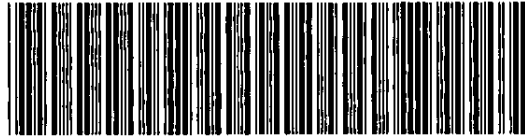
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500271696355

04/13/15--01008--008 **160.00

RECEIVED
BUREAU OF COMMERICAL
INFORMATION SERVICES

15 MAY -5 PM 10:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY -5 PM 12:52

MAY 14 2015
J. HARRIS

500271696355

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: All Pro Advanced Motorcycle Training "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:

Patrick Allison

Name of Person

All Pro Advanced Motorcycle Training "LLC."

Firm/Company

8 Cantilever Court

Address

Ormond Beach, FL 32174

City/State and Zip Code

Allproamt@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Allison

Name of Person

at (386

Area Code

) 562-3195

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2015

PATRICK ALLISON
8 CANTILEVER COURT
ORMOND BEACH, FL 32174

SUBJECT: ALL PRO ADVANCED MOTORCYCLE TRAINING "LLC"
Ref. Number: W15000029005

We have received your document for ALL PRO ADVANCED MOTORCYCLE TRAINING "LLC" and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include the zip code of the registered agent.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 815A00008403

2015 MAY -5 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

All Pro Advanced Motorcycle Training "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:

8 Cantilever Court
Ormond Beach, FL 32174

Mailing Address:

8 Cantilever Court
Ormond Beach, FL 32174

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:

Eric Chase

Name

2088 Wallingford Street

Florida street address (P.O. Box **NOT** acceptable)

Deltona FL 32725

City

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2015 MAY -5 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Patrick Allison

8 Cantilever Court

Ormond Beach, FL 32174

"AMBR"

Eric Chase

2088 Wallingford Street

Deltona, FL 32725

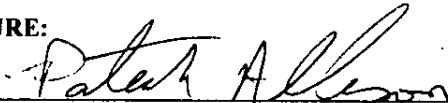
(Use attachment if necessary)

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:



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.)

Patrick Allison

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)