

L15000082197

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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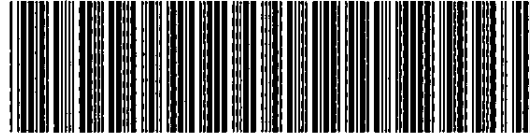
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

# NICKLAUS & NICKLAUS

ATTORNEYS AT LAW

DEBORAH L. NICKLAUS

H. GREGG NICKLAUS

April 28, 2015

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: PRO-ATHLETES TRANSITION, LLC

Dear Sirs;

Enclosed please find the Articles of Organization and Statement Accepting Appointment as Registered Agent, (in duplicate), for PRO-ATHLETES TRANSITION, LLC.

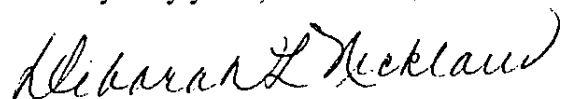
In addition, I have enclosed a check in the amount of \$160.00, representing the following costs:

Filing Fee:	\$100.00
Registered Agent Fee:	25.00
Certificate of Status	5.00
Certified Copy of Record	<u>30.00</u>
Total	\$160.00

Please issue the Certificate of Status and return it to this office, along with a certified copy of the Articles of Organization at your earliest convenience.

Your cooperation and assistance in this matter is greatly appreciated.

Very truly yours,



Deborah L. Nicklaus

HGN;dlp  
Enclosure

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PRO-ATHLETES TRANSITION, 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:

Deborah L. Nicklaus

\_\_\_\_\_  
Name of Person

Nicklaus & Nicklaus

\_\_\_\_\_  
Firm/Company

5380 Gulf Boulevard

\_\_\_\_\_  
Address

St. Pete Beach, FL 33706

\_\_\_\_\_  
City/State and Zip Code

brandi@proathlestransition.com

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

For further information concerning this matter, please call:

Deborah L. Nicklaus

727

363-5186

at ( )

\_\_\_\_\_  
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 Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION

OF

### PRO-ATHLETES TRANSITION, LLC

The undersigned, acting as a member and the organizer of PRO-ATHLETES TRANSITION, LLC, under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization for such company.

1. **NAME:** The name of this limited liability company is **PRO-ATHLETES TRANSITION, LLC**.

2. **PRINCIPAL OFFICE – MAILING ADDRESS:** The mailing address of the initial principal office of this limited liability company shall be 200 2<sup>nd</sup> Avenue South, Suite 318, St. Petersburg, Florida 33701.

3. **PRINCIPAL OFFICE – STREET ADDRESS:** The street address of the initial principal office of this limited liability company shall be 200 2<sup>nd</sup> Avenue South, Suite 318, St. Petersburg, Florida 33701.

4. **INITIAL REGISTERED AGENT:** The name and street address of this limited liability company's initial registered office for service of process in the State of Florida is: BRANDI WINANS, 200 2<sup>nd</sup> Avenue South, Suite 318, St. Petersburg, Florida 33701.

5. **DURATION:** The company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State, and it shall exist perpetually thereafter unless dissolved according to law or the Company's Operating Agreement.

6. **PURPOSE:** This limited liability company may engage in any activity or business permitted under the laws of the United States of America and of this state.

7. **MANAGEMENT:** The limited liability company is to be managed by the members.

8. **INITIAL MANAGER:** The name and address of the initial managing member of the limited liability company is:

Title:

AMBR

Name and Address:

BRANDI WINANS  
200 2<sup>nd</sup> Avenue South, Suite 318  
St. Petersburg, FL 33701

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TALLAHASSEE, FLORIDA

The undersigned, an authorized representative and sole member of the Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of PRO-ATHLETES TRANSITION, LLC.

IN WITNESS WHEREOF, I have signed these Articles of Organization as a Member, and acknowledge them to be my act this 28<sup>th</sup> day of April, 2015.



BRANDI WINANS, Member

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TALLAHASSEE, FLORIDA

## STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

Pursuant to the provisions of Section 605.0203(1)(b), Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the limited liability company is

PRO-ATHLETES TRANSITION, LLC.

2. The name and address of the registered agent and office is:

Brandi Winans  
200 2<sup>nd</sup> Avenue South, Suite 318  
St. Petersburg, FL 33701

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(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 Section 817.155, F.S.)

Dated: April 28<sup>th</sup> 2015

Brandi Winans

Brandi Winans, Registered Agent

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TALLAHASSEE, FLORIDA