

2015-09-23 13:58

850-617-6381 P 1/3

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Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : STROBL & SHARP, P.C.
Account Number : I20150000014
Phone : (248) 540-2300
Fax Number : (248) 645-2690

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ALL SPORTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02 <i>incl cover sheet</i>
Estimated Charge	\$125.00

15 SEP 23 PM 4:00
ALL SPORTS, LLC
I20150000014

FILED
15 SEP 24 PM 12:22
SECRETARY OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

2015-09-24 13:08
850-817-6381

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9/24/2015 10:40:38 AM PAGE 1/001 Fax Server

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September 24, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

STROBL & SHARP, P.C.

SUBJECT: ALL SPORTS, LLC
REF: W15000063585

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H15000229276
Letter Number: 915A00020158

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TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

2015-09-24 13:08

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1 >>

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Everybody Sports, 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:

Andrew Ayar, Esq.

Name of Person

Strobl & Sharp, P.C.

Firm/Company

300 E. Long Lake Rd., Suite 200

Address

Bloomfield Hills, MI 48304

City/State and Zip Code

ayay@stroblp.com

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

For further information concerning this matter, please call:

Andrew Ayar

248

205-2745

Name of Person

at (_____) _____
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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

Everybody Sports, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:16440 Tamiami Trail S. (U.S. 41)
Fort Myers, Florida 33908Mailing Address:16440 Tamiami Trail S. (U.S. 41)
Fort Myers, Florida 33908

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:

Walt Michal

Name

16440 Tamiami Trail S. (U.S. 41)Florida street address (P.O. Box NOT acceptable)Fort MyersFlorida33908

City

State

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 603, 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

MGR

Name and Address:

Teresa Snider

41394 Southland

Canton, Michigan 48188

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

The limited liability company shall be managed by one or more managers.

REQUIRED SIGNATURE

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Walt Michal, Authorized Representative

Typed or printed name of signer

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)