

T SCHROEDER

**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303

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FILING

LLC

1.

Pro Player Enterprises, LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

KLEIN & KLEIN, LLC

Attorneys at Law

HARVEY R. KLEIN (1922-2003)

H. RANDOLPH KLEIN

FRED N. ROBERTS, JR.
LAWRENCE C. CALLAWAY, III

40 Southeast 11th
Avenue
PHONE (352) 732-7750
Ocala, Florida 34471
FAX (352) 732-7754

February 25, 2016

TO:

**Registration Section
Division of
Corporation**

**RE: PRO
PLAYER
ENTERPRISES,
LLC**

The attached Articles of Organization and fees are submitted for filing.

The following is the email address for the LLC:

proplayerwealth@gmail.com

For further information concerning this matter, please call

Joyce Henry at (342) 732-7750

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRO PLAYER ENTERPRISES, LLC

ARTICLE II - Address:

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

Principal Office Address:

1850 Southeast 18th Avenue, Apt. 2907
Ocala, FL 34471

Mailing Address:

1850 Southeast 18th Avenue, Apt. 2907
Ocala, FL 34471

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

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

ROB HENRY
1850 Southeast 18th Avenue, Apt. 2907
Ocala, FL 34471

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, Florida Statutes.


ROB HENRY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"AMBR" = Authorized Member

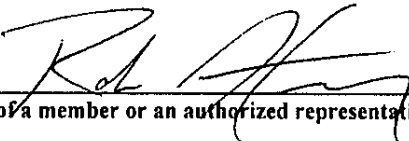
"MGR" = Manager

Name and Address:

"MGR"

ROB HENRY
1850 Southeast 18th Avenue, Apt. 2907
Ocala, FL 34471

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 in s.817.155, F.S.

ROB HENRY

Typed or printed name of signee

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