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4/28/2016

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Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
ABC ATHLETIC RECRUITING, LLC**

Certificate of Status	0
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## **AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared **OTIS C. MOBLEY**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Authorized Member of **ABC ATHLETIC RECRUITING, LLC.**, a Florida Limited Liability Company to be filed with the Florida Department Of State on or about **April 28<sup>th</sup> 2016**.
2. The undersigned hereby consents to and authorizes the use by **ABC ATHLETIC RECRUITING, LLC.**, of the name **ABC ATHLETIC RECRUITING, LLC.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of Reinstating the dissolved entity.

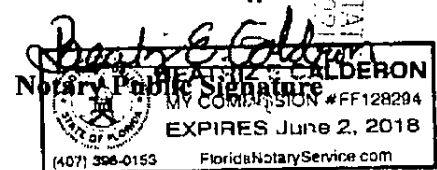
FURTHER AFFIANT SAYETH NAUGHT.

  
OTIS C. MOBLEY

STATE OF FLORIDA       )  
                                      ) SS:  
COUNTY OF MIAMI-DADE )

PERSONALLY appeared before me, OTIS C. MOBLEY, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 28<sup>th</sup> day of April, 2016



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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ABC ATHLETIC RECRUITING, 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:**

1825 PONCE DE LEON BLVD.

SUITE 571

CORAL GABLES, FL 33134

**Mailing Address:**

1825 PONCE DE LEON BLVD.

SUITE 571

CORAL GABLES, FL 33134

**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:

OTIS C. MOBLEY

Name

1825 PONCE DE LEON BLVD. SUITE 571

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

CORAL GABLES

FLORIDA

33134

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 605, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

OTIS C. MOBLEY

1825 PONCE DE LEON BLVD. SUITE 571

CORAL GABLES, FL 33134

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

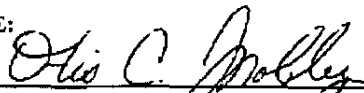
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

OTIS C. MOBLEY

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)

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