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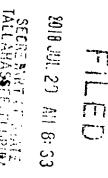
| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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JUL 23 2018

K. Brumbley

COVER LETTER

| | ivision of Corporations | |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| SUBJECT: | Alpha Sports Academy LLC | |
| SOBJECT. | Name of Limited Liability Company | |
| The enclosed | ed Articles of Organization and fee(s) are submitted for filing. | |
| Please return | rn all correspondence concerning this matter to the following: | |
| | John R Lewter | |
| _ | Name of Person | |
| _ | Firm/Company | |
| | 5840 N Daughtery Road | |
| | Address | |
| | Lakeland, FL 33809 | |
| _ | City/State and Zip Code | <u> </u> |
| | E-mail address: (to be used for future annual report notification) | |
| For further info | nformation concerning this matter, please call: | |
| | John R Lewter 863 608-2545 | |
| | Name of Person Area Code Daytime Telephone Num | ber |
| Enclosed is a | a check for the following amount: | |
| \$125.00 Filin | Certificate of Status — Certified Copy — | 60.00 Filing Fee, ertificate of Status & ertified Copy itional copy is enclosed) |
| | Mailing Address Street Address | |
| | New Filing Section New Filing Section Division of Corporations Division of Corporations | |

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | | rts Academy LLC | | |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------|------------------------------------|
| (Must contain | the words "Limited L | iability Company, "I | L.C.," or "LLC.") | |
| ARTICLE II - Address: | | | | |
| The mailing address and street addr | ress of the principal off | fice of the Limited L | ability Company is: | |
| Principal (| Office Address: | | Mailing Address: | |
| 5840 N Daughtery Ro | pad | 5840 (| N Daughtery Road | |
| Lakeland, FL 33809 | | | and, FL 33809 | |
| | | | | Lor. |
| ARTICLE III - Registered Agent The Limited Liability Company ca mother business entity with an acti | innot serve as its own F | Registered Agent. Yo | | lor |
| The Limited Liability Company ca | innot serve as its own F ive Florida registration | Registered Agent. Yo | | = |
| The Limited Liability Company ca mother business entity with an acti | nnot serve as its own F ive Florida registration dress of the registered a | Registered Agent. Yo | | 2018 1955 1970 |
| The Limited Liability Company ca mother business entity with an acti | nnot serve as its own Five Florida registration dress of the registered a | Registered Agent. You | | 2018 JUL 2 SECRE BY TALLARES |
| The Limited Liability Company ca mother business entity with an acti | nnot serve as its own Five Florida registration dress of the registered a | Registered Agent. You.) agent are: hn R Lewter | | TALLANDERS |
| The Limited Liability Company ca unother business entity with an acti The name and the Florida street add | nnot serve as its own Five Florida registration dress of the registered a | Registered Agent. You agent are: hn R Lewter Name 0 N Daughtery | u must designate an individual | 2018 JUL 20 AM |
| The Limited Liability Company ca mother business entity with an acti The name and the Florida street add | annot serve as its own Five Florida registration dress of the registered a Jol | Registered Agent. You agent are: hn R Lewter Name 0 N Daughtery | u must designate an individual | TALLANDERS |

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)

the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

(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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as

REQUIRED SIGNATURE:

the date of filing.)

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.

NOIDYS ENGIQUE NUTLE TETEDA

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)