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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| - |
| (Business Entity Name) |
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| (Document Number) |
| (Document Names.) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| 9/5/19-3589 |
| 1014-300 |
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<u> 29908-PK</u>

Office Use Only

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September 10, 2019

STEVE QUINN 6031 CYPRESS HOLLOW WAY NAPLES, FL 34109

SUBJECT: FOOTBALL UNIVERSITY, LLC

Ref. Number: W19000080996

We have received your document for FOOTBALL UNIVERSITY, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

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.

Letter Number: 419A00018251

Keyna E Page Regulatory Specialist II

COVER LETTER

| | Filing Section | |
|---|--|--|
| | on of Corporations | |
| SUBJECT: | Football University, LLC | |
| | (Name of | Resulting Florida Limited Company) |
| | | rticles of Organization, and fees are submitted to convert an "Other d Liability Company" in accordance with s. 605.1045, F.S. |
| Please return | all correspondence concer | ning this matter to: |
| Steve Quinn | | |
| | (Contact Person) | |
| | (Firm/Company) | |
| 6031 Cypress H | | |
| | (Address) | |
| Naples, Florida | 34109 | |
| | (City, State and Zip Co- | ie) |
| | allUniversity.org | |
| E-mail Addr | ess: (to be used for future annu | al report notifications) |
| For further in | formation concerning this | matter, please call: |
| Lori S. Quinn | | at (973)366-5027 |
| (Name | of Contact Person) | (Area Code) (Daytime Telephone Number) |
| | check for the following ar awn on a bank located in | mount: (All checks processed by this office must be payable in US the United States) |
| \$150.00 Filir (\$25 for Conver & \$125 for Artic of Organization) | sion and Certificate of cles Status | es |
| STREET AD New Filing So Division of C Clifton Build: 2661 Execution Tallahassee, H | ection orporations ing ve Center Circle | MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Football University, LLC |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a limited liability company (Enter antity type, Example: companying limited partnership control in companying and partnership companying type and partnersh |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| November 16, 2018 on . |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Football University, LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: |
| (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) |
| <u>Note:</u> 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. |
| 5. The plan of conversion has been approved in accordance with all applicable statutes. |
| 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to |

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

| Signed th | is <u>24</u> th | day of October | 20_19 | | |
|-------------------------|---|--|--|---------------|----------------|
| Signatur | e of Author | ized Representative of Lim | ited Liability Company: | | |
| Signature | of Authoriz | ed Representative: | Title: Manager | _ | |
| | | | See below for required signature(s) | | |
| Signature Printed N | : Ateve Qu | inn g | Title: 50% Member | - | |
| Signature Printed N | : ame: Erik Rici |) arus | Title: 50% Member | - | |
| Signature Printed N | :ame: | | Title: | - | |
| Signature | · | | Title: | _ | |
| | | | | | |
| | | | | | |
| Signature Printed N | : ame: | | Title: | - - | |
| Signature | | n: , Vice Chairman, Director, or s have not been selected, an In | | | |
| | General Pa of one Gene | rtnership or Limited Liabil ral Partner. | ity Partnership: | | |
| | | rtnership or Limited Liabili neral Partners. | ity Limited Partnership: | | |
| All others Signature | <u>s:</u> of an author | zed person. | | 5- 5- 2 | 1 9 OCT |
| Fees: | | | | | 8 , |
| F€ Ce | rticles of Co ees for Floric ertified Copy ertificate of S | la Articles of Organization: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | | FM 7: 02 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company i | is: | | |
|---|---|--|--|
| Football University, LLC | | | |
| (Must contain the words "Limited Liab | ility Company, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limite | d Liability | Company is: |
| Principal Office Address: | Mailing Address: | | |
| 6031 Cypress Hollow Way | 6031 Cypress Hollow Way | | |
| Naples, Florida 34109 | Naples, Florida 34109 | | <u> </u> |
| Steve Quinn National Steve Quinn 6031 Cypress Hollow Way Florida street address (P. | O. Box NOT acceptable) | | |
| Naples | FL 34109 | | |
| City | Zip | | |
| Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complet accept the obligations of my position as r | in this certificate, I hereby ac acity. I further agree to comp e performance of my duties, a | cept the ap ly with the _l nd I am fan | pointment as provisions of all niliar with and |
| Registered Agent's Si | gnature (REQUIRED) | ž., | 000 |
| (CONTI | | ; . | T 28 PH 7: |

ARTICLE IV-

Lori S. Quinn

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

| 'AMDD" - Authorized Mombon | Name and Address: |
|---|---|
| 'AMBR" = Authorized Member | |
| "MGR" = Manager MGR | Lori S. Quinn |
| MICK | 6031 Cypress Hollow Way |
| | Naples, Florida 34109 |
| | Napies, rionda 34109 |
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| (Use attachment if necessary) | • |
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| LE V: Other provisions, if any. | |
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| | |
| REQUIRED SIGNATURE: | |
| | |
| () 20 20 0 | |
| Signature of a member or a | n authorized representative of a member |
| Signature of a michilly of all | ii audioi izeu representante or a member |
| This document is executed in accordance w | uth section 605.0203 (1) (b). Florida Statutes, Lam awa |
| This document is executed in accordance w | oth section 605.0203 (1) (b), Florida Statutes, I am awa ent to the Department of State constitutes a third degree |

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)