Laa000319444

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

Office Use Only



500391342545

S. CHATHAM

00/01/22-01/00:--035 **130.00

TALLAHASSEE, FLORIDA

2022 JUL 20 PH 4: 422 JUL 20 FI

6: 19

CORPORATE ACCESS, _____

When you need ACCESS to the world

Ŧ	N T		٧.
ı	N	•	•

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		V	VALK IN	
	1	PICK UP:	7/20 DANNY	
	CERTIFIED COP	Y		
XX	РНОТОСОРУ	-		
XX	CUS	GS		
XX	FILING	LLC		
_	(CORPORATE NAME AND I			
	(CORPORATE NAME AND I			
	(CORPORATE NAME AND E	OOCUMENT #)		22
_	(CORPORATE NAME AND E	OOCUMENT #)		JUL 20
CIAL	,			ار. ت

COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJE	Name of Limited Liability Company	
The enc	closed Articles of Organization and fee(s) are submitted for filing.	
Please re	return all correspondence concerning this matter to the following:	
	Jason Matthews	
	Name of Person	
	22 Hoops Media	
	Firm/Company	
	301 W Platt St., #A343	
	Address	
	Tampa, FL 33606	
	City/State and Zip Code	
	Jmatt@TeamABV.com E-mail address: (to be used for future annual report notification)	
		<i>N</i> .
For furthe	ner information concerning this matter, please call:	2 JI
	Jason Matthews at (412) 414-4405 Name of Person Area Code	22 JUL 20
	Daytime Telephone Number	<u>्य</u>
Enclosed	ed is a check for the following amount:	6.
\$125.00	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificational Copy is enclosed)	00 Filing Fee. icate of Status & ed Copy al copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLE I - Name: The name of the Limited Liability	Company is			
The name of the Elimica Clabiniy	Company is.			
22 Hoops Media & C				
(Must contain	n the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principal c	office of the Limite	d Liability Company is:	
Principal 301 W Platt St., #A343	Office Address: Tampa, FL 3360	6	Mailing Address	į.
		<u> </u>		
		_		
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an ac	annot serve as its own	Registered Agent	ent's Signature: . You must designate an individ	dual or 22 JUL
The name and the Florida street ad	dress of the registered	d agent are:		JE 20
	Jason Matt	hews		F 16 6:
3	01 W Platt St., ##	Name		9
J	·			
	Florida street addres Tampa, FL		acceptable)	
	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..

Jason Watthewa

Registered Agent's Signature (REQUIRED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Jason Matthews 301 W Platt St., #A343 Tampa, FL 33606 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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, **REOUIRED SIGNATURE:** Jason Matthews 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.

Typed or printed name of signee

Filing Fees:

Jason Matthews

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent