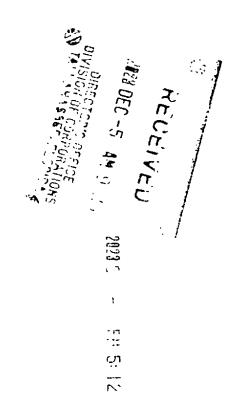
# L 3 3 0 0 0 5 3 8 3 7 8

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

Office Use Only



800419521878



### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



#### **ORDER FORM**

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 12/5/2023

**PRIORITY** Expedite

OUR REF # (Order ID#) 1210094

ORDER ENTITY

A PLUS SPORTS CONSULTING FIRM LLC

## PLEASE PERFORM THE FOLLOWING SERVICES: A PLUS SPORTS CONSULTING FIRM LLC (FL)

Please file the attached articles and provide a certified copy.

#### NOTES:

\$155.00 Authorized

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, December 5, 2023 Page 1 of 1

#### COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJEC	A Plus Sports Consulting Firm LLC			
NO MILA		limited Liabil	ity Company	
The encl	osed Articles of Organization and fee(s)	are submitted	for filing.	
Please re	eturn all correspondence concerning this i	matter to the t	following:	
	Nicholas P. Hopeck			
		Name of	Person	
	Delaney Corporate Services, Ltd.			
		Firm/Co	mpany	
	99 Washington Ave., Ste. 805A			
		Addr	ess	
	Albany, NY 12210			
	corey.huguley@yahoo.com	City/State an	d Zip Code	
	E-mail address: (to be use	ed for future a	nnual report notificati	ion)
For furthe	r information concerning this matter, plea	ise call:		
	•	800	717-2810	
			Daytime Telephon	e Number
Enclosed	I is a check for the following amount:	,		
<b>□\$12</b> 5.	00 Filing Fee ☐\$130.00 Filing Fee of Certificate of Status	Čertifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section Di	ivision
	Division of Corporations P.O. Box 6327		The Centre of Tallaha 2415 N. Monroe Stre	issee

Tallahassee, FL 32303

Tallahassee, FL 32314

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

sulting Firm LLC	<del></del>
ntain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
address of the principal office	of the Limited Liability Company is:
	,
pal Office Address:	Mailing Address:
	2154 Yulee St.
209	Jacksonville, FL 32209
	ntain the words "Limited Liabi address of the principal office pal Office Address:

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

•	
Name	
and Road	
ss (P.O. Box <u><b>NOT</b></u> ac	rceptable)
FL.	33324
11.	000-
	and Road ss (P.O. Box <u>NOT</u> ac

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.,

/s/	Nicholas P. Hopeck
	Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = A1	Name and Address: athorized Member
"MGR" = Mai	
AMBR	Corey Huguley
	2154 Yulee St.
	Jacksonville, F1, 32209
	·
<del></del>	
<del></del> -	
(Use attachme	nt if necessary)
ate of filing.)  2: If the date insert locument's effective of the professional contents of the profession of the profes	sted, the date must be specific and cannot be more than five business days prior to or 90 days a ed in this block does not meet the applicable statutory filing requirements, this date will not be listed edate on the Department of State's records.
DEOLUBES.	
RECUIRED	SIGNATURE:
	/s/ Corey Fluguley
	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.
	Corey Huguley
	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)