

C24000169 338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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2024 APR 12 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MS

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 04/12/2024

****WALK IN****

ENTITY NAME ATHLETIC TEST CENTERS LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 155

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Leppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

FILED
2024 APR 12 AM 9:31
SEAL OF THE STATE
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION
OF
ATHLETIC TEST CENTERS LLC**

ARTICLE I: The name of the Limited Liability Company is:

ATHLETIC TEST CENTERS LLC

ARTICLE II: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5002 West Neptune Way
Tampa, FL 33609
Attn: Heather Ogg

Mailing Address:

357 44th Street
Pittsburgh, PA 15201
Attn: Heather Ogg

ARTICLE III: The name and street address of the registered agent are:

Robert J. Levine, P.A.
6550 N. Federal Highway, Suite 240
Fort Lauderdale, FL 33308

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 608, F.S.

DocuSigned by:

Robert J Levine

0008F7CFA3964D8

Robert J. Levine, Esq.

ARTICLE IV: The name and address of each Manager are as follows:

Title:

Manager

Name and Address:

Heather Ogg
357 44th Street
Pittsburgh, PA 15201

DocuSigned by:

Heather Ogg

EAC7EDA8DECDADA

Heather Ogg

2014 APR 12 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FL

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