

9/25/24, 8:47 AM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filings

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9.30.24

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
 Account Number : 075500004387
 Phone : (813)229-7600
 Fax Number : (813)229-1660

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: mdockins@shumaker.com

RECEIVED

2024 SEP 25 AM 11:07

SECRETARY OF STATE
 TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.

Awesome Championship Wrestling, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Awesome Championship Wrestling, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jenna Feller

Name of Person

Shumaker, Loop & Kendrick, LLP

Firm/Company

1000 Jackson Street

Address

Toledo, Ohio 43604

City/State and Zip Code

mdockins@shumaker.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenna Feller

419

321-1439

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Awesome Championship Wrestling, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:101 East Kennedy Boulevard Ste 2800
Tampa, Florida 33602101 East Kennedy Boulevard Ste 2800
Tampa, Florida 33602

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Michael E. Dockins

Name

101 East Kennedy Boulevard Ste 2800Florida street address (P.O. Box **NOT** acceptable)TampaFL33602

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..

Michael E. Dockins

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:AMBRPaul Lloyd101 East Kennedy Boulevard Ste 2800Tampa, Florida 33602AMBRDale Chapman101 East Kennedy Boulevard Ste 2800Tampa, Florida 33602AMBRAnthony Verano101 East Kennedy Boulevard Ste 2800Tampa, Florida 33602AMBRRobert Begley101 East Kennedy Boulevard Ste 2800Tampa, Florida 33602

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing, _____, (OPTIONAL)

(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._____

_____**REQUIRED SIGNATURE:**Michael E. Dockins

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.Michael E. Dockins, Authorized Representative

Typed or printed name of signer

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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