M160000001423

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Only Cardinal Indian)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Codified Contra
Certified Copies Certificates of Status
Special Instructions to Filing Officer. Reject Spake to Mr. Foss Cart on 9120119011.58am Cart OX6475taked heis VP Of company
Reject Spore 190119011584
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W1600058659

Office Use Only



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16 SEP 15 OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2016

JEFFREY FOSS PO BOX 7431 WESLEY CHAPEL, FL 33545

SUBJECT: U.S. AMATEUR BASKETBALL, LLC

Ref. Number: W16000058659

We have received your document for U.S. AMATEUR BASKETBALL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 416A00017967

COVER LETTER

	ration Section on of Corporation	ns			
U SUBJECT: _	S. Amateur Baske	etball, LLC			
cobject		Name of L	imited Liability (Company	
The enclosed "A Existence, and o	Application by For check are submitte	reign Limited Liability Comp ed to register the above refere	any for Authoriza nced foreign limit	tion to Tra ed liability	nsact Business in Florida," Certificate of company to transact business in Florida
Please return al	l correspondence	concerning this matter to the	following:		
	Jeffrey Foss				
	· · · · · · · · · · · · · · · · · · ·	Na	me of Person		
	U.S. Amateur l	Basketball, LLC			
		Fi	rm/Company		
	PO Box 7431				
			Address		
	Wesley Chapel	, FL 33545			
		City/St	ate and Zip Code		
	jfoss15@yahoo.				
		E-mail address: (to be used	for future annual	report not	ification)
For further info	rmation concernir	g this matter, please call:			
			813 _ at (355-70	63
	Name	of Contact Person	Area Code	Day	rtime Telephone Number
Divisi Regist P.O. E	on of Corporation ration Section Box 6327 cassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301
	heck for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	eign Limited Liability Company; must include	e "Limited Liability Company." "L.L.C"	or "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C,	lternate name adopted for the purpose of trans	sacting business in Florida. The alternate r	name must include "Limited
2. Delaware	0. 250. /		
2. (Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicab	le)
4	(Date first transacted business in Flo	ride if prior to registration	_
	(See sections 605,0904 & 605,0905, F.	S. to determine penalty liability)	
5. <u>5833 Argerian Dr.</u>		 	
Wesley Chapel, FL 33:	545		
	(Street Address of Principal	Office)	- F. 5
6. PO Box 7431			_ 部 留 、
Wesley Chapel, FL 33:	か: デ : : : : : : : : : : : : : : : : : :		
	(Mailing Address)		m-i
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Jeffrey Foss		108 108 108 108 108 108 108 108 108 108
Office Address:	5833 Argerian Dr.		ÖM
Office Address.	Wesley Chapel	33545	
	(City)	, Florida 33343 (Zip code)	
Registered agent's accep			
Having been named as re designated in this applica to complywith the provisi	egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper of my position as registered agent.	s registered agent and agree to act in	this capacity. I further agree
Having been named as re designated in this applica to complywith the provisi	egistered agent and to accept service of p ution, I hereby accept the appointment as ions of all statutes relative to the proper (s registered agent and agree to act in and complete performance of my dut	this capacity. I further agree
Having been named as re designated in this applica to complywith the provisi accept the obligations of t	egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper of my position as registered agent. (Registered agent	s registered agent and agree to act in and complete performance of my dut nt's signature)	this capacity. I further agree
Having been named as redesignated in this applicate to complywith the provisincept the obligations of the control of the contr	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper of my position as registered agent. (Registered agent acity and address of the person(s) who ha	s registered agent and agree to act in and complete performance of my dut nt's signature)	this capacity. I further agree
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Having been named as redesignated in this applicate to complywith the provising accept the obligations of the second seco	egistered agent and to accept service of pution, I hereby accept the appointment assions of all statutes relative to the proper of my position as registered agent. (Registered agent acity and address of the person(s) who has an Dr., Wesley Chapel, FL 33545	stregistered agent and agree to act in and complete performance of my dut and complete performance is/are: duly authenticated by the official having is in a foreign language, a translation	this capacity. I further agreeies, and I am familiar with a

Typed or printed name of signee

Jeffrey Foss

Page 1

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "U.S. AMATEUR BASKETBALL, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "U.S. AMATEUR BASKETBALL, LLC" WAS FORMED ON THE TENTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202946643

Date: 09-07-16

6065262 8300 SR# 20165679512