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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FEB 21 2021 PM 4:54

*Stamp:*  
RECEIVED  
FEB 21 2021  
11:00 AM



**COVER LETTER**

Registration Section  
Division of Corporations

Peak Sports MGMT, LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jackson Fuchs

\_\_\_\_\_  
Name of Person

Peak Sports MGMT, LLC

\_\_\_\_\_  
Firm/Company

PO Box 1741

\_\_\_\_\_  
Address

Allen, TX 75013

\_\_\_\_\_  
City/State and Zip Code

jackson@peaksportsmgmt.com

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

For further information concerning this matter, please call:

Jackson Fuchs

813

469-2389

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2021

JACKSON FUCHS  
P.O. BOX 1741  
ALLEN, TX 75013

SUBJECT: PEAK SPORTS MGMT, LLC  
Ref. Number: W21000018757

We have received your document for PEAK SPORTS MGMT, 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):

The principal street needs to be a street address.,

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 621A00003191

RECEIVED  
MAR 08 2021



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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Peak Sports MGMT, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

If unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

NAS

Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

~~P.O. Box 1741~~

375 Bee Caves Road

(Address of Principal Office)

PO Box 1741

6. (Mailing Address)

~~Allen, TX 75013~~

Allen, TX 75002

Allen, TX 75013

Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

FAMU Athletics attn: Sponsorship Sales

Office Address:

1835 Wahnish Way

Tallahassee

(City)

, Florida

32307

(Zip code)

Registered agent's acceptance:

I, 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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)



For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to sign [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	Name: Ryan Holloway	<input checked="" type="checkbox"/> Manager	Name: Cara Holloway
Member	Address: PO Box 1741	<input type="checkbox"/> Member	Address: PO Box 1741
Authorized	Allen, TX 75013	<input checked="" type="checkbox"/> Authorized	Allen, TX 75013
Person		Person	
Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Manager	Name:	<input type="checkbox"/> Manager	Name:
Member	Address:	<input type="checkbox"/> Member	Address:
Authorized		<input type="checkbox"/> Authorized	
Person		Person	
Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Manager	Name:	<input type="checkbox"/> Manager	Name:
Member	Address:	<input type="checkbox"/> Member	Address:
Authorized		<input type="checkbox"/> Authorized	
Person		Person	
Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Manager	Name:	<input type="checkbox"/> Manager	Name:
Member	Address:	<input type="checkbox"/> Member	Address:
Authorized		<input type="checkbox"/> Authorized	
Person		Person	
Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-attached individuals may be added to the index when filing your Florida Department of State Annual Report form.

Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information furnished in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

*J. Fuchs*

Signature of an authorized person

Jackson Fuchs

Typed or printed name of signee





## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Peak Sports MGMT LLC (file number 802558576), a Domestic Limited Liability Company (LLC), was filed in this office on October 07, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 03, 2021.



A handwritten signature in black ink, appearing to read "Ruth R. Hughes".

Ruth R. Hughes  
Secretary of State