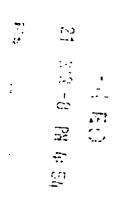
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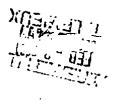
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  rtified Copies Certificates of Status
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  rtified Copies Certificates of Status
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#### COVER LETTER

# Registration Section Division of Corporations

Peak Sports MGMT, LLC	Name of Limited Liability Company
osed "Application by Foreign Limited Lia e, and check are submitted to register the	ability Company for Authorization to Transact Business in Florida." Certificate above referenced foreign limited liability company to transact business in Flor
eturn all correspondence concerning this n	natter 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 addres	ss: (to be used for future annual report notification)
ther information concerning this matter, p	lease call:
Jackson Fuchs	813 469-2389
Name of Contact Person	on Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec. 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 a Please make check payable to: FLORI   \$\Bigsir \\$125.00 \text{ Filing Fee}  \Bigsir \\$130.00	mount:  IDA DEPARTMENT OF STATE  Filing Fee &   \$155.00 Filing Fee &   \$160.00 Filing Fee, Certificate of Status   Certified Copy of Status   Certified Copy



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

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

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

	imited Liability Company; must include "Limited Lia	omity Compa	ny, Lalaca, or later )			
navailable, enter alternate na	me adopted for the purpose of transacting business in Florida	The alternate t	name must include "Limited L	iability Comp	рану," "L.L.С	C," or "LLC
S		2				
	ch foreign limited liability company is organized)	3	(FEI num	per, if applica	able)	
	(Date first transacted business in Florida, if prior to regis (See sections 605.0904 & 605.0905, F.S. to determine pe	tration.) enalty liability)				
0	<b>"</b>		ox 1741			
	3 15 Bee Caves Kood	6	Mailing Address)			
ddress of Principal Office)						
en, TX 75013 A	llen TX 75002	Allen.	TX 75013			
	s of Florida registered agent: (P.O. Box N				· :	
Nama:	FAMU Athletics attn: Sponsorship Sales		_		ب -	
Name:			_		æ	
	FAMU Athletics attn: Sponsorship Sales  1835 Wahnish Way		_		25 CC	
Name: Office Address:	1835 Wahnish Way		- - 32307		e Pa la	
					25 CC	

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

	Name and Address:	Title or Capacity:	Name and Address:  Cara Holloway  Name:
ger ì	Name:	■ Manager	
oer /	PO Box 1741 Address:	□Member	Address: PO Box 1741
orized .	Allen, TX 75013	Authorized	Allen, TX 75013
		Person	
on .		Other	Other
	Other		
ger	Name:	Manager	Name:
5	Address:	CD 4 code as	Address:
		□ Authorized	
orized		Dorson	
on		— — — — — — — — — — — — — — — — — — —	
r	□Other	Other	
ager	Name:		Name:
	Address:	[] Mambar	Address:
ber		[] Authorized	
orized		Person	
son		<del></del> _	□Other
er	Other	Other	

Signature of an authorized person

Typed or printed name of signee

Jackson Fuchs

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## 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.



ione: (512) 463-5555

epared by: SOS-WEB

Ruth R. Hughs Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 1025531090003