

M21000004354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

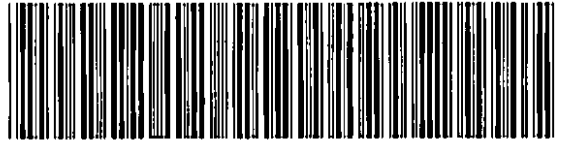
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/12/21--01001--005 **125.00

21 APR -9 PM 3:58

2021 APR 13 PM 1:24

APR 14 2021

M. SOLOMON

FLORIDA CAPITAL COURIER SERVICES, INC .
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. Launch Pad Sports Complex, LLC

Name

Document Number (if known)

☒ Walk in

____ Will wait

____ Certified Copy Articles of Organization

____ Certificate of Status

NEW FILINGS

____ Profit

____ Not for Profit

____ Limited Liability

____ Domestication

____ INC

____ OTHER - Corp

AMENDMENTS

____ Amendment

____ Resignation of R.A. Officer/Director

____ Change of Registered Agent

____ Dissolution/Withdrawal

____ Conversion

____ Merger

OTHER FILINGS

____ Annual Report

____ Fictitious Name

____ Statement of Authority

____ APOSTIL () _____
COUNTRY

REGISTRATION/QUALIFICATIONS

☒ Foreign Filing

____ Limited Partnership

____ Reinstatement

____ Trademark

____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Launch Pad Sports Complex, LLC

Name of Limited Liability Company

The 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:

Phil A. D'Aniello

Name of Person

Fassett, Anthony & Taylor, PA

Firm/Company

1325 West Colonial Drive

Address

ORLANDO, FL 32804

City/State and Zip Code

pdaniello@fassettlaw.com

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

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FILED

For further information concerning this matter, please call:

Phil A. D'Aniello

Name of Contact Person

at (407)

Area Code

872-0200

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

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

1. Launch Pad Sports Complex, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

If name 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")

2. Missouri 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (F.I. number, if applicable)

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

5. 200 West Main Street 6. 200 West Main Street
(Street Address of Principal Office) (Mailing Address)

2nd Floor 2nd Floor

Washington, MO 63090 Washington, MO 63090

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

Name: Phil A. D'Aniello

Office Address: 1325 West Colonial Dr

Orlando, Florida 32804
(City) (Zip code)

Registered agent's acceptance:

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.

Phil D'Aniello

(Registered agent's signature)

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

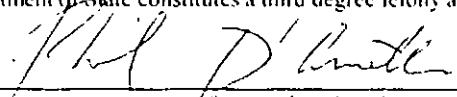
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>L.B. ECKELKAMP, JR.</u>	<input checked="" type="checkbox"/> Manager	Name: <u>LOUIS B. ECKELKAMP, III</u>
<input type="checkbox"/> Member	Address: <u>200 W. MAIN ST</u>	<input type="checkbox"/> Member	Address: <u>200 W. MAIN ST</u>
<input type="checkbox"/> Authorized	<u>PO BOX 377</u>	<input type="checkbox"/> Authorized	<u>PO BOX 377</u>
Person	<u>WASHINGTON, MO 63090</u>	Person	<u>WASHINGTON, MO 63090</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>JAY NOWAK</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>GENE ANDERSON</u>
<input type="checkbox"/> Member	Address: <u>200 W. MAIN ST</u>	<input type="checkbox"/> Member	Address: <u>200 W. MAIN ST</u>
<input type="checkbox"/> Authorized	<u>PO BOX 377</u>	<input type="checkbox"/> Authorized	<u>PO BOX 377</u>
Person	<u>WASHINGTON, MO 63090</u>	Person	<u>WASHINGTON, MO 63090</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>D.J. GIDIOSEN</u>	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: <u>200 W. MAIN ST</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>PO BOX 377</u>	<input type="checkbox"/> Authorized	_____
Person	<u>WASHINGTON, MO 63090</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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

9. 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 the translator must be submitted)

10. 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.



 Signature of an authorized person

Phil A. D'Aniello

 Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

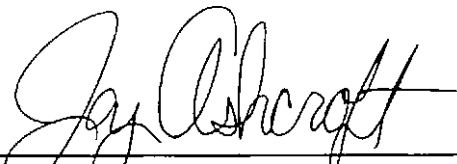
CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Launch Pad Sports Complex, LLC
LC1755229

A Missouri entity was created under the laws of this State on 1/12/2021, and is Active, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and
cause to be affixed the GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, the 12th day of April, 2021.


Secretary of State

Certification Number: CERT-IN75291

