Electronic Filing Cover Sheet

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(((H090001419373)))



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TQ:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242

Phone

: (215)563-8113

Fax Number

: (215)977-9386

FLORIDA/FOREIGN LIMITED LIABILITY CO.

7 DEUCE SPORTS CLUB, LLC

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

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	onst io:	
The name of the Limited Liability Comp	any is.	,
7 DELICE CD	ORTS CLUB, LLC	
	ted Liability Company, "L.L.C.," or "LLC.")	
`	, ,,,	
ARTICLE II - Address:	en la la companya de	Ailia Communic
The mailing address and street address o	f the principal office of the Limited Lia	iouty Company is:
Principal Office Address:	Mailing Address:	
1137 S. Bluelake Road	1137 S. Bluelake Road	
Deland, FE 32724	<u>Deland, FL 32724</u>	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)		
The name and the Florida street address	of the registered agent are:	09 J
W. Bradl	ey Munroe, Esquire	器」コ
	Name	ASS ASS
239	E. Virginia Street	MA R M
Florida s	treet address (P.O. Box NOT acceptable)	
Tallah	assee _{FL} 32301	STA.
City	, State, and Zip	<u>ē</u> . —
Having been named as registered agent	and to accept service of process for the a	ibove stated limited

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2
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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Inte:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	r .	
MGRM	William W. Thomas III	
	1137 S. Bluelake Road	
•	Deland, FL 32724	
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	<b></b>	
(Use attachment if necessary)		
CLE V: Effective date, if other that	an the date of filing: (OPTIONAL)	
effective date is listed, the date m	oust be specific and cannot be more than five business days pr	ío
0 days after the date of filing.)	• • • • • • • • • • • • • • • • • • • •	
REQUIRED SIGNATURE:		

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William W. Thomas III, Authorized Person

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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