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JUN 23 2020

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JUN 23 AM 11:43

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** NYC Gritty BBall Training  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Turner

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

NYC Gritty BBall Training

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

10732 Keys Gate Drive

\_\_\_\_\_  
Address

Riverview, FL 33584

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

Bturner11181977@gmail.com

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

For further information concerning this matter, please call:

Brian Turner                      813                      447-6991  
\_\_\_\_\_  
Name of Person                      at (                      )                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street Address**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CLE I - Name:

Name of the Limited Liability Company is:

NYC Gritty BBall Training LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

CLE II - Address:

Mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

10732 Keys Gate Drive  
Riverview, FL 33584

10732 Keys Gate Drive  
Riverview, FL

CLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

A Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)

Name and the Florida street address of the registered agent are:

Brian Turner  
Name

10732 Keys Gate Drive  
Florida street address (P.O. Box **NOT** acceptable)

Riverview                      FL                      33584  
City                              State                      Zip

*been named as registered agent and to accept service of process for the above stated limited liability company at the designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am fully aware of and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

Brian Turner  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

MGR

Brian Turner  
10732 Keys Gate Drive  
Riverview, FL 33584

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

A  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Brian Turner

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

Brian Turner  
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)