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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: A CE VOLETION LLC (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:
Meussa Woltz (Name of Person)
ACE VOLCHWALL (Firm/Company)
E524 Inchan Cars P
Pensacolo, FL 32514 (City/State and Zip Code)
For further information concerning this matter, please call:

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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

## ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

]	ORGANIZATION FOR LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is	
ACE Volleyball, LLC	· Soldys
ADTICLE IX. Address.	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
	orincipal office of the Limited Liability Company is:  Mailing Address:
The mailing address and street address of the p	• • •
The mailing address and street address of the p  Principal Office Address:	Mailing Address:

Deussa Molter

Plorida street address (P.O. Box NOT acceptable)

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, Florida Statutes..

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Man The name and address of each Manag	aging Member(s): ger or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	aging Member(s): ger or Managing Member is as follows:  Name and Address:  MCISSA Wolfer  6524 Though Ours Pl
MGR	Meusen Wolfer 6524 Indian Oaks Pl Pensarola, FL 32514
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	4.1.2.
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein a	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury re true.)
MCIISSA Typed o	morprinted name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)