

L04000057392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

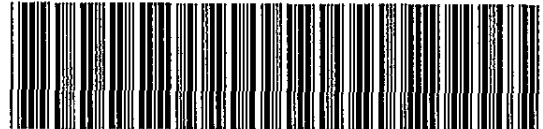
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DeRay Tennis, LLC

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Art of Inc. File _____
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L.C. File _____
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Merger File _____
Art. of Amend. File ✓ _____
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Signature _____

Requested by: *WR*

Name _____

Date *8/2*

Time *12:30*

Walk-In _____

Will Pick Up _____

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

ARTICLE I-Name

The name of the Limited Liability Company is **DELRAY TENNIS, LLC**

ARTICLE II-Address

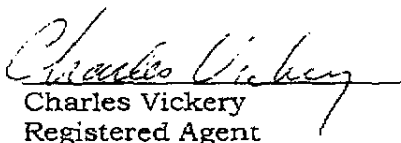
The mailing address and street address of the principal office of the Limited Liability Company is: 1151 SW 14th Street, Boca Raton, FL 33486.

ARTICLE III-Registered Agent, Registered Office, & Registered agent's Signature:

The name and the Florida street address of the registered agent are:

Charles Vickery
Name
2880 NW Second Avenue, Unit 4
Florida street address
Boca Raton, FL 33431
City State, and Zip

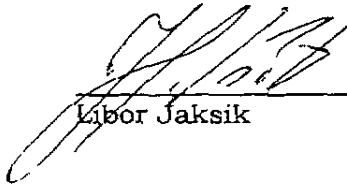
Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


Charles Vickery
Registered Agent

ARTICLE IV-Management

The Limited Liability Company is to be managed by one member and is therefore a member-managed company.

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


Libor Jaksik

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