

L05000057605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

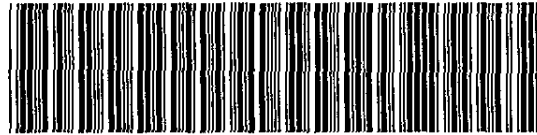
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05 JUN 10 PM 1:05
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TALLAHASSEE, FLORIDA

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Requestor's Name

Address

City

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VALIDATION ONLY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

GROUNDPLAY LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W P Verifier



Empire Toll Free: 1-800-432-3028

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GROUNDPLAY 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:

STEVEN R. PRESS

(Name of Person)

(Firm/Company)

4801 SOUTH UNIVERSITY DRIVE, SUITE 3030

(Address)

FT. LAUDERDALE, FLORIDA 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN R. PRESS

(Name of Person)

at (954) 680-2227

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

STREET ADDRESS:

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

MAILING ADDRESS:

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

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SECRETARY OF STATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GROUNDPLAY LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4801 SOUTH UNIVERSITY DRIVE
SUITE 3030
FT. LAUDERDALE, FL 33328

4801 SOUTH UNIVERSITY DRIVE
SUITE 3030
FT. LAUDERDALE, FL 33328

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

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

MARY JO RIVERO

Name

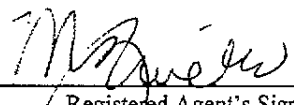
1851 NW 125TH AVENUE, SUITE 319

Florida street address (P.O. Box **NOT** acceptable)

PEMBROKE PINES FL 33028

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..



Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

"MGRM" STEVEN R. PRESS
4801 SOUTH UNIVERSITY DRIVE, SUITE 303C
FT. LAUDERDALE, FL 33328


"MGRM" ANTHONY CICHELLA
14601 MARVIN LANE
SOUTHWEST RANCHES, FL 33330

"MGRM" ROBERT LAGUNA
4990 SOUTHWEST 119TH AVENUE
COOPER CITY, FL 33330

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

STEVEN R. PRESS

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)

ARTICLE IV – Manager(s) or Managing Member (s):

(Attachment)

Title:

Name and Address:

“MGRM”

RAFAEL YOKELL
102 HEATHERBROOK WAY
HOLLYWOOD, FL 33021

“MGRM”

MARY JO RIVERO
1851 NW 125TH AVENUE
SUITE 319
PEMBROKE PINES, FL 33028

“MGRM”

NORMAN GEWIRTZ
12954 NW 18TH MANOR
PEMBROKE PINES, FL 33028