

L07000067390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

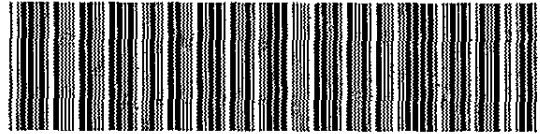
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500104513055

06/26/07--01022--022 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JUN 26 P 2:03

FILED
AL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAM FLORIDA LACROSSE / FLORIDA ELITE LACROSSE
(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:

THOMAS WEST

(Name of Person)

TEAM FLORIDA LACROSSE / FLORIDA ELITE

(Firm/Company)

PMB 113 4255 U.S. HWY 1 SOUTH, SUITE 18

(Address)

ST. AUGUSTINE, FL 32086

(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS WEST

(Name of Person)

at (386) 931-8503

(Area Code & 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

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JUN 26 P 2:03

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TEAM FLORIDA LACROSSE/FLORIDA ELITE LACROSSE, LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

248 Brantley Harbor Dr.
St. Augustine, FL 32086

Mailing Address:

PMB 113
4255 US HWY 1 SOUTH, SUITE 10
ST. AUGUSTINE, FL 32086

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

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

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

FLORIDA POSSUMS LACROSSE, LLC
Name

4000 GRANDE VISTA BLVD, 134
Florida street address (P.O. Box **NOT** acceptable)

ST. AUGUSTINE FL 32084
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 (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
JUN 26 P 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

THOMAS WEST

248 BRANTLEY HARBOUR DR.

ST. AUGUSTINE, FL 32086

MGR

JEFF GOLDBERG

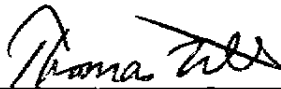
3900 JOG ROAD

BOCA RATON, FL 33434

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/1/07 (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.)

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.)

THOMAS WEST

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)