## LO900004550

(Re	questor's Name)	,
(Ad	dress)	
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(Cit	y/State/Zip/Phone	≥ #)
PICK-UP	☐ WAIT	MAIL
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O-Misiant O-Misa	0 (11)	7.00
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	ŀ
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Office Use Only



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S. HAWKES

JAN 2 1 2009

EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJEC	CT:	Berke 6 (Name of Limi	Tennis C.	C.C.
The encl	osed Articles o	f Organization and fee(s) are	submitted for filing.	
		ondence concerning this ma	<del>-</del>	
11043010	an corresp	Tasor	r Berke	
_			(Name of Person)	
		Berke	s Tennis	
			(Firm/Company)	
		5322 34	th Street a	(LesX
	,	Bradent	(Address) M, FL 3921	10
		(Ci	ty/State and Zip Code)	
		·		
For furth	er information	concerning this matter, pleas	se call:	
<u>M</u>	USON !	Berke	at (941) 366-	-1802
	(Name	of Person)	(Area Code & Daytime Tele	phone Number)
Enclose	d is a check fo	or the following amount:		
<b>⊒\$</b> 125.0€	9 Filing Fee	Certificate of Status	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 C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Benke's Tennis	- 6,60,	TALLAN	9 TI	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LL	.C.")		,
ARTICLE II - Address:			0	1
The mailing address and street address of the prin	ncipal office of the Lit	nited Liability Com	pany is:	ì
Principal Office Address:	Mailing Address:		ှယ္ မ <del>ှာ</del>	
Berkels Tennis	5382 34	M Street	WX	
	Bragenron,	FC 3431	0	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)				
The name and the Florida street address of the re	gistered agent are:			

FF EHMESHEET WESK

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

City, State, and Zit

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	JASON BENKE 345 32nd Street Sarasota, FL 34234
-refer to Manne - Male source regions - religio - NAM de la Palacion de la companion de la Com	9
<del></del>	JAN 20 P
	PH 3 23
(Use attachment if necessary)	
	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of the	mber or an authorized representative of a member.
(In accordance wit of this document c	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.
	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)