

L09000110905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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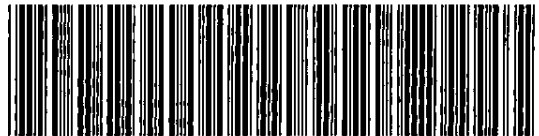
Certificates of Status _____

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2009 NOV 17 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

NOV 18 2009

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: TK Hoops, 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:

Karen Philippin

Name of Person

Firm/Company

1505 Fort Clarke Blvd #8302

Address

Gainesville, FL 32606

City/State and Zip Code

kphilippin@yahoo.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Karen Philippin

Name of Person

at (323)

947-7083

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2009

KAREN PHILIPPIN
1505 FORT CLARKE BLVD.#8302
GAINESVILLE, FL 32606

SUBJECT: TK HOOPS, LLC
Ref. Number: W09000048609

We have received your document for TK HOOPS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 809A00034515

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2009 NOV 17 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TK Hoops, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1505 Fort Clarke Blvd #8302

Gainesville, FL 32606

c/o Karen Philippin

Mailing Address:

1505 Fort Clarke Blvd #8302

Gainesville, FL 32606

c/o Karen Philippin

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:

InCorp Services, Inc.

Name

17888 67th Court North

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

Loxahatchee, FL 33470

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..

John B. Buggs on behalf of InCorp Services, Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2008 NOV 17 AM 10:29
TOLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Karen Philippin

1505 Fort Clarke Blvd #8302

Gainesville, FL 32606

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Karen Philippin

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)