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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2010 JAN 11 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

Jan. 12 12009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Allstar Kids Academy  
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:

Simon Hansla

Name of Person

Allstar Kids Academy

Firm/Company

690 Lake Forest Blvd

Address

Sanford, FL, 32771

City/State and Zip Code

Simonhansla@aol.com

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

For further information concerning this matter, please call:

Simon Hansla

Name of Person

at ( 407 ) 829 8530

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

December 29, 2009

SIMON HANSLA / ALLSTAR KIDS ACADEMY  
690 LAKE FOREST BLVD.  
SANFORD, FL 32771

SUBJECT: ALLSTAR KIDS ACADEMY LLC  
Ref. Number: W09000055987

We have received your document for ALLSTAR KIDS ACADEMY LLC and your check(s) totaling \$260.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 509A00039340

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERNATIONAL

Allstar Kids ~~Amateur~~ 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 is:

#### Principal Office Address:

690 Lake Forest Blvd  
Sanford, FL, 32771

#### Mailing Address:

690 Lake Forest Blvd  
Sanford, FL, 32771

### 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:

CARL HANSLA

Name

5413 VIA VENETO CT

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

SANFORD FL 32771

City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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)

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**OWNER - MGRMCARL HANSLA5413 Via Veneto CtSanford, FL, 32771MGRSimon Hansla5407 Via Veneto CtSanford, FL, 32771

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: when received. (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.)

SIMON HANSLA

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)