## 40000028940

(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:  L. SELLERS			
MAR 1 6 2010			
EXAMINER			

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: Gulf Co	ast Soccer Academy	·····	•
	Name of Limit	ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
Robert Bute	horn		
		Name of Person	
Gulf Coast S	Soccer Academy		
		Firm/Company	
4241 7th Ave	e SW		
		Address	
Naples, Flor	ida 34119		
<u>-</u>	Cit	y/State and Zip Code	
butehorn@f@			
	E-mail address: (to be used t	or future annual report notification)	
For further information	concerning this matter, please	e call:	
Robert	·	at (239 )707-2948	
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for	or the following amount:		
<b>□</b> \$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 C	ircle



March 5, 2010

ROBERT BUTEHORN 4241 7TH AVENUE SW NAPLES, FL 34119

SUBJECT: GULF COAST SOCCER ACADEMY L.L.C.

Ref. Number: W10000011375

We have received your document for GULF COAST SOCCER ACADEMY L.L.C. and your check(s) totaling \$125.00. 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.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Letter Number: 910A00005554

Leslie Sellers Regulatory Specialist II

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION I	ONTEONIDA EIMITED LIADIEITT COMI AIVI
ARTICLE I - Name:	
The name of the Limited Liability Comp	pany is:
Gulf Coast Soccer Academy L.L.C	
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	·
	of the principal office of the Limited Liability Company is
The maning dudiess and sireer address o	is the principal critics of the Emilion Blueshiy company is
Principal Office Address:	Mailing Address:
4241 7th Ave SW	4241 7th Ave SW
Naples, FL 34119	Naples, FL 34119
	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Robert Butehorn	
	Name
4241 7th Ave SW	
	street address (P.O. Box NOT acceptable)
Naples	FL34119
	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

10 MAR 15 PM 1:13
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:
MGR	Robert Butehorn 4241 7th Ave SW Naples, Florida 34119
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
	an the date of filing: March 20, 2010 (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	233
Signature of a m	nember or an authorized representative of a member

Robert Butehorn

Typed or printed name of signee

(Irraccordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)