

L100000030690

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EFFECTIVE DATE 3/17/2010

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 19 AM 9:56

B. KOHR

MAR 23 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UCF Football Knights To Remember, 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:

Michael O'Shaughnessy

Name of Person

Firm/Company

P. O. Box 190

Address

Winter Park, FL 32790

City/State and Zip Code

mosurf@mindspring.com

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

EFFECTIVE DATE

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STATE  
SECRETARY OF  
DIVISION OF CORPORATIONS  
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3/17/2010

For further information concerning this matter, please call:

Michael O'Shaughnessy

Name of Person

at ( 407 )

628-4430

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

UCF Football Knights To Remember, 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:

201 W. Canton Ave., #44

Winter Park, FL 32789

#### Mailing Address:

P. O. Box 190

Winter Park, FL 32790

### 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.)

EFFECTIVE DATE 3/17/2010

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

Michael O'Shaughnessy

Name

4469 S. Atlantic Ave.

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

Ponce Inlet, FL 32127

City, State, and Zip

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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)

**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

Michael O'Shaughnessy

P. O. Box 190

Winter Park, FL 32790

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MARCH 17, 2010 (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.)

MICHAEL O'SHAUGHNESSY

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)**