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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2010 MAR 23 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 24 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Downtown Sport Shoes 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:

Oscar Cabello

Name of Person

Downtown Sport Shoes

Firm/Company

3311 Park Branch Ave.

Address

Clermont Florida, 34711

City/State and Zip Code

Ocabello@ymail.com

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

For further information concerning this matter, please call:

Oscar Cabello

Name of Person

at (786) 512-5509

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

March 11, 2010

OSCAR CABELLO / DOWNTOWN SPORT SHOES
3311 PARK BRANCH AVE.
CLERMONT, FL 34711

SUBJECT: DOWNTOWN SPORT SHOES, LLC
Ref. Number: W10000012377

We have received your document for DOWNTOWN SPORT SHOES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 810A00006065

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Downtown Sport Shoes 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:

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Name of Person

Downtown Sport Shoess

Firm/Company

3311 Park Branch AVE.

Address

Clermont Fl, 34711

City/State and Zip Code

Ocabello@ymail.com

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

For further information concerning this matter, please call:

Oscar Cabello

Name of Person

at (786)

512-5509

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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Division of Corporations
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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:

Downtown Sport Shoes 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:

3311 Park Branch Ave.

Clermont FL 34711

Mailing Address:

3311 Park Branch AVE

Clermont FL, 34711

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:

Oscar Cabello

Name

3311 Park Branch AVE

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

Clermont

FL 34711

City, State, and Zip

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2010 MAR 23 AM 13:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

FILED

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Oscar Cabello

3311 Park branch Ave

Clermont FL 34711

(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.)

Oscar Cabello

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)