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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

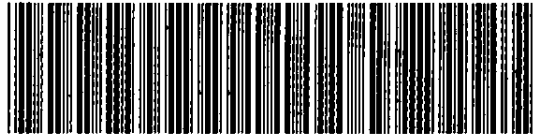
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FILED
10 APR 13 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

APR 14 2010

EXAMINER

S. HAWKES

APR 23 2010

EXAMINER

W10-14663



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2010

DONNA SPAGNOLI
1000 INNOVATION AVE
NORTH PORT, FL 34289

SUBJECT: IMAGINE NORTH PORT SPORTS BOOSTERS LLC
Ref. Number: W10000014663

We have received your document for IMAGINE NORTH PORT SPORTS BOOSTERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 710A00007256

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imagine North Port Sports Boosters 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:

Donna Spagnoli
Name of Person

Imagine School at North Port
Firm/Company

1000 Innovation Ave
Address

North Port, FL 34289
City/State and Zip Code

ospagnoli@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Matthews at (941) 426-2050
Name of Person 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

GL# 530-730-70-7901

Amount: \$125.00

Verified by: [Signature]

Approved by: [Signature]

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Imagine North Port Sports Boosters

(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:

1000 Innovation Ave
North Port FL 34289

Mailing Address:

1000 Innovation Ave
North Port FL 34289

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:

Donna Spagnoli
Name

2660 Pascal Ave
Florida street address (P.O. Box **NOT** acceptable)

North Port FL 34286
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..

Donna Spagnoli
Registered Agent's Signature (REQUIRED)

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

Christina Amendola
7341 Crock Ave
North Port FL 34291

MGRM

Donna Spagnoli
2660 Pascata AVE
North Port FL 34286

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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:

Donna J. Spagnoli
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.)

Donna J. Spagnoli
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)