

L10000100485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

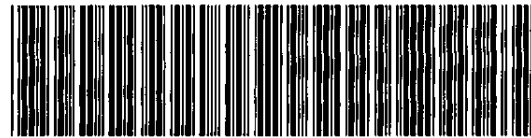
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2010 SEP 24 PM 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINTON

SEP 27 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Treasure Coast Fall Baseball League 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:

Chuck Stewart

Name of Person

Treasure Coast Fall Baseball League LLC.

Firm/Company

622 SE Seahouse Dr

Address

Port St. Lucie, FL. 34983

City/State and Zip Code

coach987@hotmail.com

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

For further information concerning this matter, please call:

Howard Neff, Jr

Name of Person

at (772) 418-2219

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 24 PM 4:09

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Treasure Coast Fall Baseball League 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:

Treasure Coast Fall Baseball League LLC
622 SE Seahouse Dr
Port St. Lucie, FL 34983

Mailing Address:

Same
1119 Riverside Dr
Stuart, FL 34996

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:

Howard J. Neff, Jr
Name
1119 Riverside Dr
Florida street address (P.O. Box **NOT** acceptable)
Stuart FL FL 34996
City, State, and Zip

FILED
2010 SEP 24 PM 2:08
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.

Howard J. Neff, Jr
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Chuck Stewart
622 Seahound Dr
Port St. Lucie, FL. 34903

Member

John Bolterdorf
5283 NW Almond Ave
Port St Lucie, FL. 34903

Member

Marc Lamroux
397 NW Dewberry Ter.
Jensen Bch, FL. 34957

Member

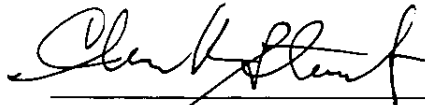
Howard J. Neff, Jr
1119 Riverside Dr
Stuart, FL. 34996

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/24/2010 (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:



MGRM

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.)

Chuck Stewart MGRM

Typed or printed name of signer

2010 SEP 24 PM 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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)