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(City/State/Zip/Phone #)

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(Business Entity Name)

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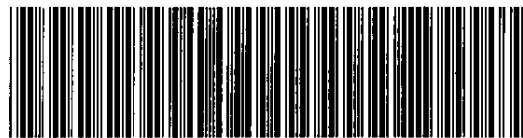
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 20 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2010

JEFF SYMMONOS
2947 S. ATLANTIC AVE # 1103
DAYTONA BEACH SHORES, FL 32118

SUBJECT: AMERICAN CLASSIC GOLF COLLEGE LLC
Ref. Number: W10000047075

We have received your document for AMERICAN CLASSIC GOLF COLLEGE LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 110A00023815

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN CLASSIC GOLF COLLEGE 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:

JEFF SYMMONDS

Name of Person

AMERICAN CLASSIC GOLF COLLEGE LLC

Firm/Company

2947 S. ATLANTIC AVE #1103

Address

DAYTONA BEACH SHORES FL 32118

City/State and Zip Code

JEFF GOLF SCHOOLS @ MSN.COM

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

For further information concerning this matter, please call:

JEFF SYMMONDS at (760) 861 9985

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

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10 OCT 19 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 18, 2010

Jeff Symmonds, Principal

American Classic Golf College
2947 S. Atlantic Ave #1103
Daytona Beach Shores FL 32118

To: Deborah Bruce, Regulatory Specialist

Dear Deborah,

This letter is to state that American Classic Golf College LLC, is the same corp. as American Classic Golf College----WE HAVE GIVEN THE CONSENT TO ALLOW THE NAME.

Thanking you,

Jeff Symmonds, Principal



Jack Choe, CEO



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMERICAN CLASSIC GOLF COLLEGE 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:

Mailing Address:

350 PELICAN BAY DR
DAYTONA BEACH FL
32119

2947 S. ATLANTIC AVE
1103
DAYTONA BEACH 32118

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:

JEFF SYMONDS
Name

301 CINNAMON DR
Florida street address (P.O. Box NOT acceptable)

SATELLITE BEACH FL 32937
City, State, and Zip

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CLERK 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..

[Signature]
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

JEFF SYMONDS
2947 S. Atlantic Ave #1103
Daytona Beach FL 32118

MGRM

JACK CHOE
2947 S. Atlantic Ave #1103
Daytona Beach FL 32118

(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.)

JEFF SYMONDS

Typed or printed name of signee

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10 OCT 19 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)