

L10 000119939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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10 NOV 16 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Chip Athletics of Central Florida, 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:

William C. Lawrence

Name of Person

Blue Chip Athletics of Central Florida

Firm/Company

468 MacGregor Road

Address

Winter Springs, Florida 32708

City/State and Zip Code

thachew@gmail.com

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

For further information concerning this matter, please call:

Chris Lawrence

Name of Person

at (407) 574-3514

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:

Blue Chip Athletics of Central Florida, 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:

468 MacGregor Road
Winter Springs, Florida
32708

Mailing Address:

468 MacGregor Road
Winter Springs, Florida
32708

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:

William Lawrence

Name

468 MacGregor Road

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

Winter Springs

FL 32708

City, State, and Zip

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ALLAHASSEE, 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)

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

William C. Lawrence
468 MacGregor Road
Winter Springs, FL. 32708

MGRM

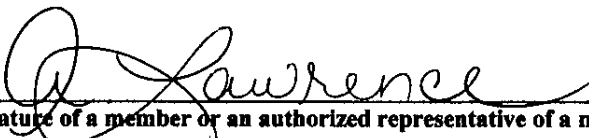
Alicia A. Lawrence
468 MacGregor Road
Winter Springs, FL. 32708

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Alicia A. Lawrence

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)

Blue Chip Athletics of Central Florida, LLC.

Attachment

In addition to the forms that I am filing for the LLC of Blue Chip Athletics of Central Florida, I am also enclosing this attachment to identify the business' purpose. I wasn't certain whether this was a requirement or not, but didn't want to leave it to chance.

The sole purpose of Blue Chip Athletics of Central Florida, LLC. is to provide a variety of youth athletic leagues and programs to the children within my community.