

L10000 129013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

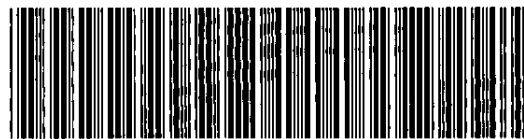
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/24/10--01008--016 **160.00

EFFECTIVE DATE

1/1/2011

10 DEC 17 PM 12:48

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

DEC 17 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NO PRESSURE BASKETBALL, LLC

Name of Limited Liability Company

EFFECTIVE DATE

11/1/2011

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jemel Davila

Name of Person

Firm/Company

1015 Madrid

Address

Coral Gables, FL 33134

City/State and Zip Code

jidavila33@gmail.com

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

For further information concerning this matter, please call:

Jemel Davila

Name of Person

at (**305**) **717-8803**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 17 PM 12:48



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2010

JEMEL DAVILA
1015 MADRID
CORAL GABLES, FL 33134

SUBJECT: NO PRESSURE, LLC
Ref. Number: W10000055361

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 DEC 17 PM 12:00

We have received your document for NO PRESSURE, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with the similar name is NO PRESSURE, INC. -- Document Number P03000111952.

Please note that we have RETAINED your \$160.00 payment.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 310A00027718

EFFECTIVE DATE

1/1/2011

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NO PRESSURE BASKETBALL, 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:

1015 Madrid

Coral Gables, FL 33134

Mailing Address:

1015 Madrid

Coral Gables, FL 33134

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:

David S. Forman, Esq

Name

6855 SW 81 ST, Suite 300

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

Miami

FL 33143

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 DEC 17 PM 12:48

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

Jemel Davila

1015 Madrid

Coral Gables, FL 33134

MGRM

Joel Davila

1015 Madrid

Coral Gables, FL 33134

MGRM

Pierre Soriano

1015 Madrid

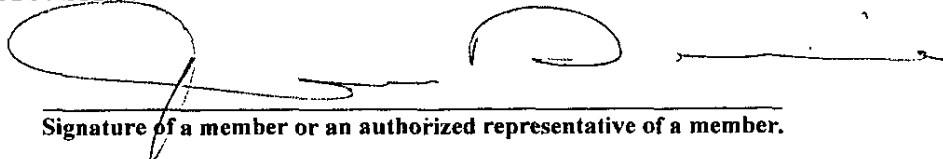
Coral Gables, FL 33134

(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.)

Jemel Davila

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)**