

L11000026787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

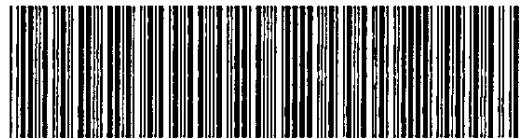
Special Instructions to Filing Officer:

**L. SELLERS**

MAR - 3 2011

**EXAMINER**

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SECRETARY OF STATE  
MILWAUKEE, WISCONSIN

11 MAR - 2 PM 2:43

FILED

Al D'Amelio  
900 NE 18<sup>th</sup> Avenue  
Unit 1408  
Fort Lauderdale, FL 33304  
(631) 682-7230

February 15, 2010

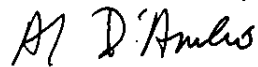
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: North American Lacrosse Academy, LLC.

Dear Sir or Madam:

Enclosed please find my check in the sum of One Hundred Sixty Dollars (\$160.00) and \$00/100 for the filing fees and costs for certified copies of the Articles of Organization and Certificate of Status for the formation of the North American Lacrosse Academy, LLC. If you have any questions, please contact me at (631) 682-7230.

Very truly yours,



Al D'Amelio

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: North American Lacrosse Academy, 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:

**Al D'Amelio, Managing Member**

Name of Person

**North American Lacrosse Academy, LLC.**

Firm/Company

**900 NE 18th Avenue, Unit 1408**

Address

**Fort Lauderdale, FL 33304**

City/State and Zip Code

**cdlinks@aol.com**

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

For further information concerning this matter, please call:

**Al D'Amelio**

Name of Person

at ( **631** ) **682-7230**

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:

**North American Lacrosse Academy, 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:**

900 NE 18th Avenue, Unit 1408,  
Fort Lauderdale, FL 33304

**Mailing Address:**

900 NE 18th Avenue, Unit 1408, Fort Lauderdale, FL 33304

**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:

Al D'Amelio

Name

900 NE 18th Avenue, Unit 1408

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

Fort Lauderdale, FL 33304

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..*

Al D'Amelio

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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OFFICE OF THE CLERK  
STATE OF FLORIDA  
FORT LAUDERDALE

**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

Al D'Amelio

900 NE 18th Avenue

Unit 1408, Fort Lauderdale, Florida 33304

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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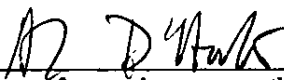
\_\_\_\_\_

\_\_\_\_\_

(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.)

Al D'Amelio

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)**