

#L11000029646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

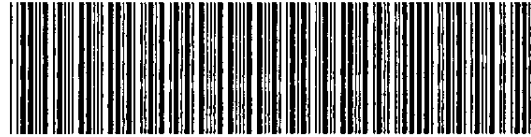
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 MAR -8 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAR 10 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2011

NATHANIEL BROOKS
2330 NW 63 ST., APT F
MIAMI, FL 33147

SUBJECT: TBA N/A
Ref. Number: W11000011422

We have received your document for TBA N/A and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

What name do you wish to file? You have one on the cover letter and another on the document. Do you wish to file "TBA N/A" or "THREE RINGS SPORTSAND FOOD SERVICE"? Also remove n/a.,

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 411A00004901

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Three Rings Sports and Food Service
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:

Nathaniel Brooks
Name of Person

Three Rings Sports and Food Service
Firm/Company

2330 NW 63rd Apt F
Address

MIAMI FL 33147
City/State and Zip Code

megaball1381@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathaniel Brooks at (786) 488-1658
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Three Rings Sports And Food Service 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:

2330 NW 63rd Apt F
MIAMI FL 33147

Mailing Address:

2330 NW 63rd Apt F
MIAMI FL 33147

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:

Nathaniel Brooks
Name
2330 NW 63rd Apt F
Florida street address (P.O. Box **NOT** acceptable)
MIAMI FL 33147
City, State, and Zip

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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:

Manager

Craig Deloney
5908 Forest Grove Blvd
Orlando FL 32808

C.E.O

Nathaniel Brooks
2330 NW 63rd Apt F
MIAMI FL 33147

Asst. Manager

Gary Watts

Driver

Luis Diaz

(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.)

Nathaniel Brooks
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)