

L110000047917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

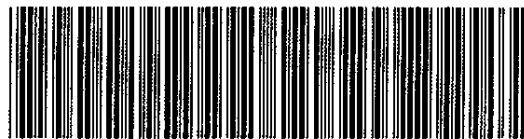
Special Instructions to Filing Officer:

**A. LUNT**

APR 22 2010

**EXAMINER**

Office Use Only



800201834578

04/20/11--01018--002 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 APR 20 PM 12:24

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTERNATIONAL PLAYER'S TOUR  
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:

BROCK JANSEN  
Name of Person

447 DAKAR POINTA CIRCLE  
Firm/Company

CASSABERRY, FL 32707  
Address

BROCK C JANSEN@gmail.com  
City/State and Zip Code

BROCK C JANSEN@gmail.com  
E-mail address: (to be used for future annual report notification)

2011 APR 20 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FILED

For further information concerning this matter, please call:

BROCK JANSEN at 321, 439-5730  
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:

INTERNATIONAL PLAYER'S TOUR 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:

447 DEER POINTE CIR.  
CASSALBERRY, FL 32707

#### Mailing Address:

447 DEER POINTE CIR.  
CASSALBERRY, FL 32707

### 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:

BROCK JANSEN

Name

447 DEER POINTE CIR.

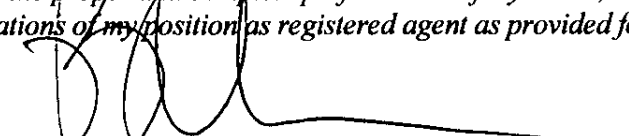
Florida street address (P.O. Box NOT acceptable)

CASSALBERRY FL 32707

City, State, and Zip

FILED  
2011 APR 20 PM 12:24  
SECRETARY 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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2011 APR 20 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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

BROCK JANSEN  
447 DEER POINT CIR.  
CASSALBERY, FL 32701

MGR

BRANDYN SCHNEIDER  
1224 SEBASTIAN COVE  
LAKE MARY, FL 32746

MGR

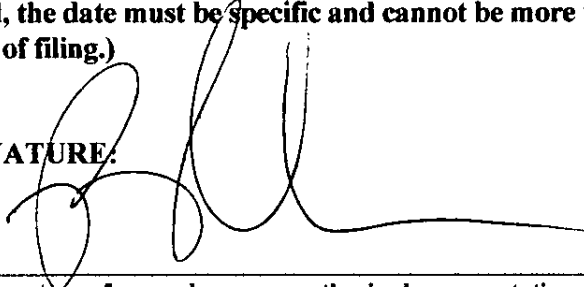
BOB HARRIS  
901 WILLOW RUN LANE  
WINTER SPRINGS, FL 32708

(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.)

BROCK JANSEN

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)