000063853

uestor's Name)	
ess)	
ess)	
State/Zip/Phon	e #)
☐ WAIT	MAIL
ness Entity Na	me)
ıment Number)
Certificate	s of Status
ling Officer:	
	ess) State/Zip/Phon WAIT ness Entity Na ument Number Certificate

Office Use Only



100208205271

05/31/11--01023--011 **125.00

COVER LETTER

TO:	Registration Division of C			
SUBJI	FCT: Kosh	in-ha Chito-ryu Ka	rate Association LLC	
30 001			d Liability Company	
The en	closed Articles	of Organization and fee(s) are s	submitted for filing.	
Please	return all corres	pondence concerning this matte	er to the following:	
	Kim Flos			_
			Name of Person	
	Koshin-h	na Chito-ryu Karate	e Association LLC	
			Firm/Company	
	801 Map	lewood Drive, #16		
			Address	_
	Jupiter, F	lorida 33458		
		•	y/State and Zip Code	_
	kflossie@v	volverine-ventures.cor E-mail address: (to be used for	M or future annual report notification)	<u></u>
For fu	rther information	n concerning this matter, please		
Kim	Flossie		at (561) 373-1190	
	Nam	e of Person	Area Code & Daytime Telephone Number	
Enclo	sed is a check	for the following amount:		
 ▼ \$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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:	
Koshin-ha Chito-ryu Karate Ass	sociation, 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 prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
801 Maplewood Drive, #16 Jupiter, FL 33458	801 Maplewood Drive, #16 Jupiter, FL 33458
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are: Orive, #16
Edward L. Butzin	\(\frac{1}{\sigma} \)
Name	
801 Maplewood D	<u>9rive, #16 </u>
Florida street addr	ess (P.O. Box NOT acceptable)
Jupiter, FL 33458	ess (P.O. Box NOT acceptable) FL
City, Stat	e, 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)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

V.

The name and address of each Manager or Managing Member is as follows:

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Koshin-ha Budo-kan of Palm Beach
	801 Maplewood Drive, #16
	Jupiter, FL 33458
MGRM	Allegheny County Budo-Kai
	961 Holly Lynne Drive
	South Park PA 15236
MGRM	Philip R. Arnold
	11420 Whitney Hill Road
	Louisville, KY 40299
(Use attachment if necessary)	
I H V. Effective data it other than	the date of tiling: (ODTIONIA
ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business day:
ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	
ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a ment of a ment of the date of the date of the date of the days after the date of the days after the date of the days after the date of the days after	st be specific and cannot be more than five business day:

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)

Typed or printed name of signee

List of Additional Managing Members

MGRM Daniel R. Davenport

3882 Mall Road

Lexington, KY 40503

MGRM James L. Davenport

20 South Benson Road Frankfort, KY 40601

MGRM James M. Merriss

2657 Forest Way NE Marietta, GA 30066

MGRM Terrence T. Valentino

205 Elgins Court

Evans City, PA 16033

MGRM Edgar Vanhorne

2312 Pinnacle

Hebron, KY 41048

SECRETARY OF STATE OF CORPORATIONS