# 11000084999

(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
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## COVER LETTER

TO:

Registration Section

Division of Co	orporations		
SUBJECT: Sunce	oast Foxy Flag Fo	otball League, LLC	
		d Liability Company	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
Stephen	Weeks, Presider	nt	
		Name of Person	<del></del>
Suncoas	t Foxy Flag Footb	all League, LLC	
		Firm/Company	
P.O.Box	5849		
·		Address	
Sarasota	Florida 34277		
		/State and Zip Code	
sweeks111	@verizon.net		
		or future annual report notification)	
For further information	concerning this matter, please	call:	
Stephen Weeks		at ( 941 ) 504-3689	
Name of Person		Area Code & Daytime Telepi	hone Number
Enclosed is a check f	or 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 Ci	ircle

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2011

STEPHEN WEEKS P.O. BOX 5849 SARASOTA, FL 34277

SUBJECT: SUNCOAST FOXY FLAG FOOTBALL LEAGUE, LLC

Ref. Number: W11000036754

We have received your document for SUNCOAST FOXY FLAG FOOTBALL LEAGUE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 11, 2011. Please amend your document 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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 711A00016580

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICE E. N.		
ARTICLE I - Name: The name of the Limited Liability Company is	<b>:</b> :	
Suncoast Foxy Flag Football		
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	orincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2455 Browning Street	P.O.Box 5849	
Sarasota, Fla 34237	Sarasota, Florida 34277	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	
Edward Weeks		
Nam	е	
2455 Browning S	Street	
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)	
Sarasota,	FL 34237	
City, S	State, and Zip	
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited at this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S	
Registered Agent's Sign	Weelu hature (REQUIRED)	
(CONTI	NUED)	

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	er -
MGR	905512 Jave Lee 05555 - Brie oak circle
	SARASOTA, FLA 34232
Reg. Cerpent	Jay Heren 0 58370- Wingete Dr. apt 721 5ARASOTA, Feli 34238
Reg. Cerpent	Elward Weeks
	saunda, Fl 34277
(Use attachment if necessary)	1
ARTICLE V: Effective date, if other t (If an effective date is listed, the date to or 90 days after the date of filing.)	han the date of filing:(7,2011. (OPTIONAL) must be specific and camput be more than five business days prior
<u>REQUIRED</u> SIGNATURE:	
Signature of a	Steplen Weeks a member or an authorized representative of a member.
(In accordance with se constitutes an affirmat I am aware that any fa	ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)

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)

Stephen Weeks
Typed or printed name of signee