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(Red	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	s of Status		

Special Instructions to Filing Officer:

A. LUNT

JUL 28 2011

EXAMINER

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COVER LETTER

Registration Section Division of Corporations

SUBJECT: Montes Basketball Academy	
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:	
George Montes Name of Person	
Montes Basketball Academy	
Firm/Company	
11835 sw 119 place road Address	Ī
	Γ
miami, fl 33186	Ĺ,
City/State and Zip Code	
montes@dadeschools.net E-mail address: (to be used for future annual report notification)	
•	
For further information concerning this matter, please call:	
George Montes <u>at (305</u>) 4093395	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{\$\subset}\$	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Montes Basketball Academy LLC		PSS	
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")	AET .	
ARTICLE II - Address:		AR SS	27
The mailing address and street address of	of the principal office of the Limited Lia	ability Co	ompany is:
Principal Office Address:	Mailing Address:	STATE	- S
11835 sw 119 place road	11835 sw 119 place road	4	
miami +1 33186			

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

George	Montes
·	Name
11835 sw	119 place road
	Florida street address (P.O. Box NOT acceptable)
Miami	_{FL} 33186
	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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
	George Montes	11835 sw 119 place road miami, fl 33186		
			2011 JUI SEORE	77
	_	1	TARY OF STA	T L E D
			PS7	
	(Use attachment if necessary)			
If an	ICLE V: Effective date, if other that effective date is listed, the date my 90 days after the date of filing.)	n the date of filing: ust be specific and cannot be more than	. (OPTIONA five business day	AL) ys prior
	<u>REQUIRED</u> SIGNATURE:	M-10-		

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.)

George Montes

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)