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EXAMINER

COVER LETTER

	ation Section n of Corporations		
SUBJECT: BO	osco Goalkeeper Sci	hool, LLC	
<u></u>	Name of Limi	ted Liability Company	
The enclosed Art	icles of Organization and fee(s) are	submitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
Paul	F. Van Mechelen		
 		Name of Person	-
 	······································	Firm/Company	=
8615	Wild Cherry Court		
		Address	-
Orland	o, FL 32836		
		ity/State and Zip Code	
Pavam	e@aol.com		
- ,	E-mail address: (to be used	for future annual report notification)	_
For further inform	nation concerning this matter, pleas	se call:	
Paul F. Van		_at (407) 581 2571	: 27 ™
	Name of Person	Area Code & Daytime Telephone Number	2
Enclosed is a ch	neck for the following amount:	ကြဲ အ	•
\$125.00 Filing F	ee \$\int_\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	÷ 0
	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

Bosco Go	alkeeper Scho			
	(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - The mailing add		of the principal office of the Limited Lia	ability Comp	oany is:
Principal Offic	e Address:	Mailing Address:		
8615 Wild Cher	ry Court			
Orlando, FL 328	336			
	an active Florida registration. he Florida street addres Paul F. Van Me	ss of the registered agent are:	GALLAHASSEE	11 SFP 23
		Name	TAR TASS	2
	8615 Wild C	Cherry Court		
		a street address (P.O. Box NOT acceptable)	OF STATE	= C
	Orlando	_{FL} 32836	PATE A	-
		City, State, and Zip	≯``	
liability con registered ager statutes relati	npany at the place design at and agree to act in thi ing to the proper and co	nt and to accept service of process for the c mated in this certificate, I hereby accept th is capacity. I further agree to comply with mplete performance of my duties, and I am on as registered agent as provided for in C	e appointmei the provision i familiar wii	nt as ns of all th and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

MGRM	Paul F. Van Mechelen	
	8615 Wild Cherry Court	
	Orlando, FL 32836	
MGR	Airon Medeiros	
· · · · · · · · · · · · · · · · · · ·	6312 Buford #703	
	Orlando, FL 32835	<u> </u>
MGR	Joao Bosco de Freitas Chaves	I SEP
	15147 Serenade Drive	N ASS
	Winter Garden, FL 34787	SS 6
		图 20
		유구
		5 ≠
(Use attachment if necessary)		-
LE V: Effective date, if other than	the date of filing:	. (OPTIONA

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.)

Paul F. Van Mechelen

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)