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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		;

Office Use Only

G. MCLEOD

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EXAMINER



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COVER LETTER

TO:	Registration S Division of Co		*	,
SURI	ECT. Sport	Educators LLC		
5010			ted Liability Company	
The er	nclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	tter to the following:	
	Marc Altr	nan		
			Name of Person	
	Sport Edi	ucators LLC		
			Firm/Company	
	7707 Ner	nec Drive S.		
			Address	
	West Palm	Beach, Florida 33	3406	
	· · · · · · · · · · · · · · · · · · ·	Ci	ty/State and Zip Code	
	marcaltman	5@yahoo.com	for future annual report notification)	
7		·	•	
For fu	rther information	concerning this matter, pleas	e call:	
Marc	c Altman		at (720) 581-9480	
	Name e	of Person	Area Code & Daytime Telep	ohone Number
Enclo	sed is a check fo	r 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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Sport Educators LLC. (Must end with the words "Limited Liabili	ty Company "I I C " or "I I C ")
(was end with the words Elimied Elabin	ty Company, E.E.C., or EEC.
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7707 Nemec Drive S. West Palm Beach Florida 33406	7707 Nemec Drive S. West palm Beach Florida 33406
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individual or another
Marc Altman	Spintored agent are.
Name	
7707.11	
7707 Nemec Drive	e S.
	ress (P.O. Box NOT acceptable)
Florida street adda West Palm Beach	ress (P.O. Box NOT acceptable)

(CONTINUED)

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

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

MGR	Marc Altman
	7707 Nemec drive S.
	West Palm Beach, Florida 33406
(Use attachment if necessary)	
7 TO TO 10 10 10 10 11 11	
LE V: Effective date, if other than	n the date of filing: (OPTIONAl ust be specific and cannot be more than five business day

<u>REQUIRED</u> 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.)

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)

\$ 50.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)