

L13000010535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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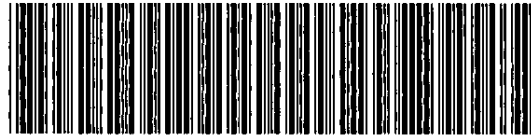
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JAN 16 AM 8:57

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J. SAULSBERRY
EXAMINER

JAN 22 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bounce Basketball Training, LLC
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:

Scott Warburton, Esq.

Name of Person

Adams Coogler, P.A.

Firm/Company

1555 Palm Beach Lakes Blvd., 16th Floor

Address

West Palm Beach, FL 33401

City/State and Zip Code

huntcapellross@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Warburton, Esq.

Name of Person

at (561) 478-4500

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle
Tallahassee, FL 32301

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STATE OF FLORIDA
TALLAHASSEE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bounce Basketball Training, 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 principal office of the Limited Liability Company is:

Principal Office Address:

508 Quadrant Road
North Palm Beach, FL 33408

Mailing Address:

508 Quadrant Road
North Palm Beach, FL 33408

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Hunter Ross

Name

508 Quadrant Road

Florida street address (P.O. Box **NOT** acceptable)

North Palm Beach FL 33408

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..

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

MGR

Hunter Ross

508 Quadrant Road

North Palm Beach, FL 33408

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STATE OF FLORIDA
TALLAHASSEE

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(Use attachment if necessary) .

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Hunter Ross

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)

ADAMS | COOGLER

ATTORNEYS AT LAW

Direct E-Mail: SWarburton@adamscoogler.com

January 11, 2013

Regions Financial Tower
1555 Palm Beach Lakes Boulevard
Sixteenth Floor
West Palm Beach, Florida 33401
T 561.478.4500 | 800.838.5297
F 561.478.7847 | 561.684.7346
www.adamscoogler.com

Via Certified Mail

ATTN: Jeraline Saulsberry
Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

RE: BOUNCE BASKETBALL TRAINING
Ref. Number: W12000058941

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Dear Ms. Saulsberry:

Pursuant to your November 26, 2012 letter (copy enclosed for your reference), enclosed please find a revised, original application for Mr. Hunter Ross and his corporation, Bounce Basketball Training, LLC.

As you know, I already forwarded the \$160.00 check with the first application. Please apply that to the processing of this application and send any further documents regarding the processing of this application and final materials to my attention.

Thank you for your assistance. Please contact me with any questions.

Very truly yours,

ADAMS | COOGLER

By: 
Scott S. Warburton

SSW/ch

Enclosure: Revised Application