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COVER LETTER

TO: Registration Section

Division of Corporations

URIFICE. Ace Tennis Tours 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:

Philip Storey Name of Person Chartered Accountants Inc Firm/Company 2225 Three Rivers Drive Address Orlando, Florida 32828 City/State and Zip Code pstorey@charteredaccountantsinc.com

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

For further information concerning this matter, please call:

PHILIP STOREY

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283-5746

Name of Person

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ace Tennis Tours t		
	(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II -	Address:	
		the principal office of the Limited Liability Company
Principal Offic	ee Address:	Mailing Address:
22 Charlecote Roa	d, Great Notley	22 Chartecote Road, Great Notley
Essex, CM77 7YQ		Essex, CM77 7YQ
		11 K
(The Limited Liabili		stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III (The Limited Liabili business entity with	ty Company cannot serve as its own an active Florida registration.) the Florida street address of	stered Office, & Registered Agent's Signature: a Registered Agent. You must designate an individual or another f the registered agent are:
ARTICLE III (The Limited Liabili business entity with	ty Company cannot serve as its own an active Florida registration.) he Florida street address of Philip Storey	stered Office, & Registered Agent's Signature: a Registered Agent. You must designate an individual or another f the registered agent are:
ARTICLE III (The Limited Liabili business entity with	ty Company cannot serve as its own an active Florida registration.) the Florida street address of Philip Storey	stered Office, & Registered Agent's Signature: a Registered Agent. You must designate an individual or another f the registered agent are:
ARTICLE III (The Limited Liabili business entity with	ty Company cannot serve as its own an active Florida registration.) the Florida street address of Philip Storey 2225 Three Rivers Drive	stered Office, & Registered Agent's Signature: a Registered Agent. You must designate an individual or another f the registered agent are:
ARTICLE III (The Limited Liabili business entity with	ty Company cannot serve as its own an active Florida registration.) the Florida street address of Philip Storey 2225 Three Rivers Drive Florida str	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another f the registered agent are: Name eet address (P.O. Box NOT acceptable)
ARTICLE III (The Limited Liabili business entity with	ty Company cannot serve as its own an active Florida registration.) the Florida street address of Philip Storey 2225 Three Rivers Drive	stered Office, & Registered Agent's Signature: a Registered Agent. You must designate an individual or another f the registered agent are:
ARTICLE III (The Limited Liabili business entity with	ty Company cannot serve as its own an active Florida registration.) the Florida street address of Philip Storey 2225 Three Rivers Drive Florida str. Orlando	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another f the registered agent are: Name eet address (P.O. Box NOT acceptable)

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** Duncan Knight 22 Charlecote Road, Great Notley Essex, CM77 7YQ, UK (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.) Philip Storey

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

Typed or printed name of signee