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B. BOSTICK
MAR 2 6 2013
EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations** Coach Jay Camps, 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: Kellie Lewis-Jay Name of Person Coach Jay Camps, LLC. Firm/Company 3560 Birague Drive Address Wellington, FL 33449 City/State and Zip Code klewisiay11@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kellie Lewis-Jay Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □ \$160.00 Filing Fee, □\$125.00 Filing Fee **₹**\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address Street/Courier Address Registration Section Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle : "

Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	ime: Limited Liability Cor	mnany ic			
The hame of the I	mined Liability Col	inpuny is.			
Coach Jay Camps,		imited Liability Company, "L.L.C.," or "LLC.")	,	_	
(,-	Table that will life words E	initial Elabority Company, Election, or Election	'		
ARTICLE II - A			17 1 1 11	~	
The mailing addre	ess and street address	s of the principal office of the Limite	ed Liability (Compan	y is:
Principal Office	Address:	Mailing Address:			
3560 Birague Orive	:	3560 Birague Drive			
Wellington, FL 334	49	Wellington, FL 33449		_	
				-	
business entity with ar	active Florida registration	s own Registered Agent. You must designate an .) ss of the registered agent are: Name	TALLAHAS	13 MAR 25	
		ivanie	33.5	<	177
•	3560 Birague Drive			AM 9: 02	
		da street address (P.O. Box NOT acceptable		∯. C	
	Wellington	_{FL} 33449	. (10)	元 元 7	
		City, State, and Zip			
liability compo registered agent all statutes rela	any at the place desig t and agree to act in t ting to the proper an abligations of my posi	ent and to accept service of process for gnated in this certificate, I hereby accept it is capacity. I further agree to complet of a complete performance of my duties ition as registered agent as provided.	cept the appo oly with the p s, and I am fa	intment provisior imiliar v	as ıs of vith

(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:

"MGR" = Manager "MGRM" = Managing Member	
MGRM	Christopher Jay
MGRM	Danielle Stoimenoff
· ·	2
	Am. 5
	SEL
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
LE V: Effective date, if other than the d	late of filing: (OPTIO
	be specific and cannot be more than five bus
REQUIRED SIGNATURE:	
Kuh	Jan

(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.)

> Kellie Lewis-Jay 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)