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Office Use Only



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COVER LETTER

TO:	Registration S Division of Co					
SUBJE	Joey	LoVullo Tenr	nis, LLC	•		
SUBJE	.c.:		ed Liability Com			
The en	closed Articles o	f Organization and fee(s) are	submitted for fili	ng.		
Please	return all corresp	ondence concerning this matt	er to the following	ng:		
	Mauree	n LoVullo .				
			Name of Person			
	Joey Lo	Vullo Tennis,	LLC			
			Firm/Company			
	2477 C	oral Trace Pla	ace			
			Address			
	Delray	Beach, FL 33	3445			
	 		y/State and Zip Co	ode		
<u>:</u>	josephLo\	/ullo@hotmail.cor				
		E-mail address: (to be used to	for future annual re	port notificatio	n)	
For fur	ther information	concerning this matter, please	call:			
Ма	ureen L	.oVullo	_{at (} 716	ຸ 553-	2540 Telephone Number	
	Name	of Person	Area Co	de & Daytime	Telephone Number	
Enclos	sed is a check for	or the following amount:				
⊒ \$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified C	_	□ \$160.00 Filing Fe Certificate of Stat Certified Copy (additional copy is en	tus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Divisio Clifton 2661 E	Courier Addition Section on of Corporate Building Executive Centassee, FL 3236	tions ter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

looy LoVullo Tonnic	11.0			
Joey LoVullo Tennis	Must end with the words "Limited Liability C	ompany, "L.L.C.," or "LLC.")		
The mailing add	Address: ess and street address of the princ	nal office of the Limited Liah	sility Company	ı iç:
The maning add	ess and street address of the princ	par office of the Emitted Elac	mity Company	13.
Principal Office	Address: N	failing Address:		
2477 Coral Trace Pla	ce 2	477 Coral Trace Place		
Delray Beach, FL 33	 	elray Beach, FL 33445		
business entity with a				
The name and th	n active Florida registration.) Florida street address of the regis Maureen LoVullo	stered agent are:	SECRE	2013 NO
The name and th	e Florida street address of the regis	stered agent are:	SECRE IANAS	2013 NOV I
The name and th	E Florida street address of the regis Maureen LoVullo Name 2477 Coral Trace Place		SECRETARY (81 AON 8102
The name and th	Maureen LoVullo Name 2477 Coral Trace Place Florida street address	(P.O. Box <u>NOT</u> acceptable)	SECRETARY OF STALLAHASSEE, FI	2013 NOV 18 AM
The name and th	Maureen LoVullo Name 2477 Coral Trace Place Florida street address Delray Beach, FL 33445	(P.O. Box <u>NOT</u> acceptable)	SECRETARY OF STATALLAWASSEE, FLOR	2013 NOV 18 AM 10:
The name and th	E Florida street address of the regis Maureen LoVullo Name 2477 Coral Trace Place	(P.O. Box <u>NOT</u> acceptable)	SECRETARY OF STATE TALLAHASSEE, FLORIDA	2013 NOV 18 AM 10: 32

(CONTINUED)

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	
MGR	Maureen LoVullo
	2477 Coral Trace Place
	Delray Beach, FL 33445
MGRM	Joey LoVulio
	2477 Coral Trace Place
	Delray Beach, FL 33445
(Use attachment if necessary)	
,	n the data of filing: (OPTIONAL)
CLE V: Effective date, if other than	n the date of filing: (OPTIONAL)
CLE V: Effective date, if other than	must be specific and cannot be more than five business days
CLE V: Effective date, if other that effective date is listed, the date is	must be specific and cannot be more than five business days
CLE V: Effective date, if other that effective date is listed, the date is o or 90 days after the date of filin	must be specific and cannot be more than five business days
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CLE V: Effective date, if other that effective date is listed, the date is o or 90 days after the date of filin REQUIRED SIGNATURE:	must be specific and cannot be more than five business days ag.)
CLE V: Effective date, if other that effective date is listed, the date is o or 90 days after the date of filin REQUIRED SIGNATURE:	ember or an authorized representative of a member.
CLE V: Effective date, if other that effective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE: Signature of a medical content of the date	ember or an authorized representative of a member.
CLE V: Effective date, if other that effective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation	ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other that effective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation I am aware that any false is	ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other that effective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation I am aware that any false is	ember or an authorized representative of a member.

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)