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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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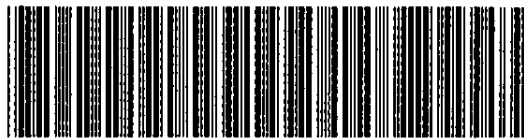
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OBERMAN LAW FIRM

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Loganville, Georgia 30052
A Professional Corporation

www.obermanlaw.com

Stuart J. Oberman
Lauren A. Mansour
Michelle L. Wein

Telephone (770) 554-1400
Facsimile (770) 554-3534

December 23, 2013

VIA UPS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: The North Atlantic Hockey League, LLC.

Dear Sir/Madam:

Enclosed please find the original and one copy of the Cover Letter and Articles of Organization for Florida Limited Liability Company for The North Atlantic Hockey League, LLC., together with this firm's check payable to Florida Department of State in the amount of \$130.00.

Please file the enclosed Articles of Organization and return the acknowledgment copy and the Certificate of Status to me in the enclosed prepaid return envelope.

If you have any questions regarding this matter, please feel free to call our office.

Sincerely,



Stuart J. Oberman

Enclosures

SJO:rcg

cc: Mr. Phillip DeFranco

2013 DEC 30 AM 10:42
STUART J. OBERMAN
2013 DEC 30

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE NORTH ATLANTIC HOCKEY LEAGUE, 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:

Phillip DeFranco

Name of Person

N/A

Firm/Company

2991 Flagstaff Avenue, S.E.

Address

Palm Bay, Florida 32909

City/State and Zip Code

b3prohockey@aol.com

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

For further information concerning this matter, please call:

Phillip DeFranco

Name of Person

at (321) 987-6577

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE NORTH ATLANTIC HOCKEY LEAGUE, 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:

Phillip DeFranco
2991 Flagstaff Avenue, S.E.
Palm Bay, Florida 32909

Mailing Address:

Phillip DeFranco
2991 Flagstaff Avenue, S.E.
Palm Bay, Florida 32909

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:

Phillip DeFranco

Name

2991 Flagstaff Avenue, S.E.

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

Palm Bay

FL 32909

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..

X


Registered Agent's Signature (REQUIRED)

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(CONTINUED)

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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:

MGRM

Phillip DeFranco

2991 Flagstaff Avenue, S.E.

Palm Bay, Florida 32909

(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:

X



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.)

Stuart J. Oberman, Attorney for Member

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)

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STATE OF FLORIDA
DEPARTMENT OF STATE