

L1400003648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Office Use Only



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Effective Date 3/15/14

02/10/14--01015--007 \*\*160.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB 10 AM 10:00

3/4  
(Signature)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Partridge Football 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:

Charlie Partridge  
Name of Person

Firm/Company

12214 Kenton Way  
Address

Boca Raton, FL 33428  
City/State and Zip Code

juliejohnson31@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Partridge  
Name of Person

at 608

Area Code

630 - 6377

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB 10 AM 10:00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2014

CHARLIE PARTRIDGE  
12214 KENTON WAY  
BOCA RATON, FL 33428

SUBJECT: PARTRIDGE FOOTBALL CAMPS, LLC  
Ref. Number: W14000009488

We have received your document for PARTRIDGE FOOTBALL CAMPS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 10, 2014. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6951.

JENNA D HARRIS  
Regulatory Specialist II

Letter Number: 214A00003258

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB 10 AM 10:00

Effective Date

3/15/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Partridge Football Camps, 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:

Mailing Address:

12214 Kenton Way  
Boca Raton, FL 33428

12214 Kenton Way  
Boca Raton, FL 33428

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:

Julie Partridge  
Name

12214 Kenton Way  
Florida street address (P.O. Box **NOT** acceptable)  
Boca Raton FL 33428  
City 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 605, F.S.

Julie Partridge  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Charlie Partidge  
12214 Kenton Way  
Boca Raton, FL 33429

(Use attachment if necessary)

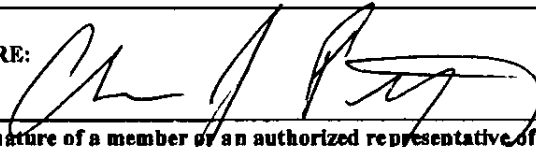
March 15, 2014

**ARTICLE V:** Effective date, if other than the date of filing: ~~March 15, 2014~~ (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0703 (1) (b), 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.)

Charlie Partidge

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)