

L14 0006 A6744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

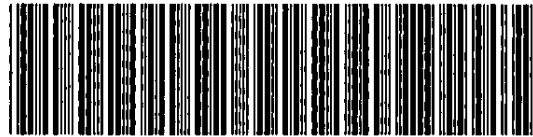
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/21/14--01019--015 **125.00

FILED
14 MAY 21 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BLOOM & FREELING

ATTORNEYS AT LAW

2295 NW CORPORATE BOULEVARD • SUITE 117
BOCA RATON, FLORIDA 33431
TEL: 561-864-0000 • FAX: 561-864-0001
E-MAIL: BFLAW@BLOOM-FREELING.COM

JONATHAN BLOOM**
MICHAEL A. FREELING**

ALSO ADMITTED IN
• NEW YORK
• CONNECTICUT
• WASHINGTON D.C.

May 20, 2014

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301
Attn: New Filings

Re: Limited Liability Company New Filing
THE TOUCHDOWN GROUP, LLC

Dear Sir or Madam:

Enclosed please find the following documentation in accord with the above referenced new Limited Liability Company filing:

1. Articles of Organization;
2. Attorney Check No. 2790 made payable to the Department of State for the filing fee of \$125.00; and
3. Self addressed, stamped return envelope for return time-stamped copy of filed Articles.

Thank you for your assistance in this matter. If you have any questions, please feel free to contact me.

Very truly yours,


Michael A. Freeling

MAF/sr
Enc.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE TOUCHDOWN GROUP, 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:

MICHAEL A. FREELING, ESQ.

Name of Person

BLOOM & FREELING, ATTORNEYS AT LAW

Firm/Company

2295 N.W. CORPORATE BLVD. #117

Address

BOCA RATON, FLORIDA 33431

City/State and Zip Code

MFREELING@BLOOM-FREELING.COM

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

For further information concerning this matter, please call:

MICHAEL A. FREELING

Name of Person

at (561) 864-0000

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE TOUCHDOWN GROUP, 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:

2295 N.W. CORPORATE BLVD.
#117
BOCA RATON, FLORIDA 33431

2295 N.W. CORPORATE BLVD.
#117
BOCA RATON, FLORIDA 33431

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.)

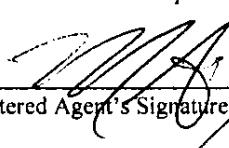
The name and the Florida street address of the registered agent are:

MICHAEL A. FREELING
Name

2295 N.W. CORPORATE BLVD. #117
Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON FL 33431
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

MICHAEL A. FREELING

2295 N.W. CORPORATE BLVD. #117

BOCA RATON, FL 33431

AMBR

TODD BATTAGLIA

2627 IVES DAIRY ROAD #201

NORTH MIAMI BEACH, FL 33180

AMBR

MARC KOPELMAN

3550 GALT OCEAN DRIVE #311

FORT LAUDERDALE, FL 33308

(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.)

ARTICLE VI: Other provisions, if any.

General Purpose including, but not limited to engaging in any activity or business authorized under the FL
Statutes shall be the acquisition of real estate and other related activity.

REQUIRED SIGNATURE:


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

(In accordance with section 605.0203 (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.)

MICHAEL A. FREELING

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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