

14000117878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

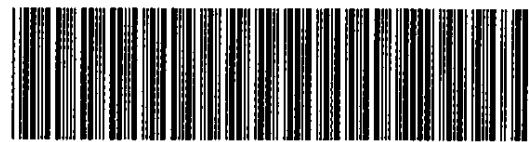
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W14-41928  
628392

Office Use Only



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07/07/14--01035--015 \*\*125.00

STATE OF WISCONSIN  
SHERIFF'S OFFICE  
FIREARMS SECTION

2014 JUL 25 PM 1:16

**FILED**

JUL 28 2014  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2014

MARYLOU CASTILLO  
6434 ERIC DRIVE  
NEW PORT RICHEY, FL 34653

SUBJECT: FAIR PLAY, LLC  
Ref. Number: W14000041928

We have received your document for FAIR PLAY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "LC", "LC.", "Ltd.", and "Co."

The document number of the name conflict is G28332.

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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 514A00014651

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FLORIDA  
DEPARTMENT  
OF STATE  
CORPORATIONS  
DIVISION

COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

*Mail*  
**SUBJECT: FAIR PLAY LLC** - Fair Play Mall, 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:

MARYLOU CASTILLO

Name of Person

FAIR PLAY, LLC

Firm/Company

6434 ERIC DRIVE

Address

NEW PORT RICHEY, FLORIDA, 34653

City/State and Zip Code

RULEYOURDAY@YAHOO.COM

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

For further information concerning this matter, please call:

MARYLOU CASTILLO

Name of Person

at (727) 494-7003

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)

*✓ FL DPT OF STATE*

**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:

FAIR PLAY, LLC *Ball* → Fair Play Ball, 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:**

6434 ERIC DRIVE  
NEW PORT RICHEY, FLORIDA  
34653

**Mailing Address:**

6434 ERIC DRIVE  
NEW PORT RICHEY, FLORIDA  
34653

**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:

MARYLOU CASTILLO  
Name

6434 ERIC DRIVE  
Florida street address (P.O. Box NOT acceptable)

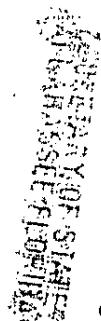
NEW PORT RICHEY FL 34653  
City Zip

*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.*

Mary Lou Castillo  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

MARYLOU CASTILLO

6434 ERIC DRIVE

NEW PORT RICHEY, FLORIDA 34653

(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.

**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.)

MARYLOU CASTILLO

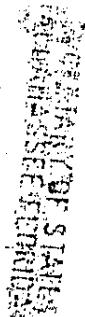
Typed or printed name of signee

**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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