

L15000224912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

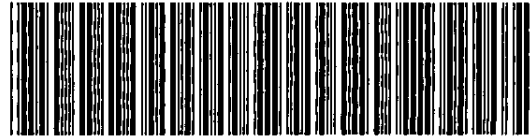
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500268971945

02/02/15--01026--001 \*\*160.00

FILED  
FEB -2 AM 10:42  
SECRETARY OF STATE  
TOLSON BUILDING  
WASHINGTON, DC 20540

FEB 10 2015  
S. YOUNG

EFFECTIVE DATE

2/1

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CLUB MANAGER SOFTWARE, L.L.C.**  
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:

Kevin Cooper

Name of Person

Firm/Company

227 Heritage Preserve Run

Address

Bradenton, FL 34212

City/State and Zip Code

kevin.cooper@clubmanagersoftware.com

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

For further information concerning this matter, please call:

Kevin Cooper

at ( 941 ) 757-7301

Name of Person

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

FILED  
FEB-2 M 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLUB MANAGER SOFTWARE, L.L.C.

(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:

227 Heritage Preserve Run  
Bradenton, FL 34212

227 Heritage Preserve Run  
Bradenton, FL 34212

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:

Kevin Cooper

Name

227 Heritage Preserve Run

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

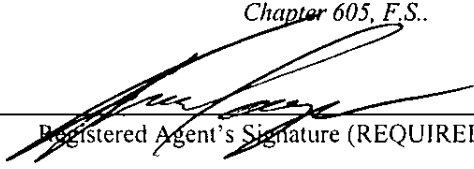
Bradenton

FL 34212

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)

FILED  
FEB - 2 11 10:42  
SECRETARY OF STATE  
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:**

Kevin Cooper

227 Heritage Preserve Run

Bradenton, FL 34212

AMBR

Nate Griffin

252 Golden Harbour Tr.

Bradenton, FL 34212

AMBR

James Magrin

15210 29th Ln. E

Parrish, FL 34219

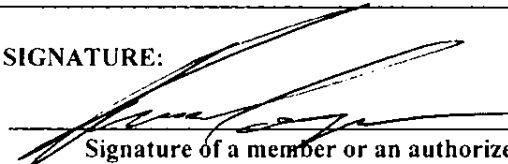
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: February 1, 2015 (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.)

Kevin Cooper

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)

FILED  
15 FEB -2 AM 10:42  
STATE OF FLORIDA  
TALLAHASSEE, FL 32301