

L15000064170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

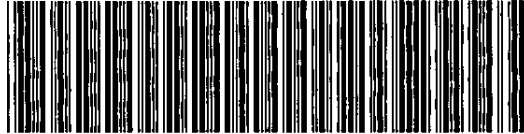
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



200270659272

03/18/15--01007--004 **160.00

APR 13 2015
S. YOUNG

EFFECTIVE DATE
3/19

FILED
APR 18 PM 5:43
2006 JN 151146

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sport Ink Brand, 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:

Sara Esidore

Name of Person

Sport Ink Brand, LLC

Firm/Company

2801 Billingham Dr.

Address

Land O Lakes, FL

City/State and Zip Code

sportinkbrand@gmail.com

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

For further information concerning this matter, please call:

Sara Esidore

at (860)

798-0038

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
JUN 18 PM 5:45
2013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sport Ink Brand, 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:

2801 Billingham Dr.
Land O Lakes, FL 34639

Mailing Address:

2801 Billingham Dr.
Land O Lakes, FL 34639

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:

Sara Esidore

Name

2801 Billingham Dr.

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

Land O Lakes

FL 34639

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
2019 JUN 19 PM 5:45
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH, 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

MGR

MGR

AMBR

Name and Address:

Sara Esidore

2801 Billingham Dr.

Land O Lakes, FL 34639

Amber Langston

2801 Billingham Dr.

Land O Lakes, FL 34639

William Rossiter

413 43rd Ave. NE

St. Petersburg, FL 33703

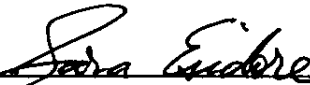
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/14/2015 (OPTIONAL)

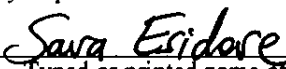
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)



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
APR 18 PM 5:49
15