

L15000209578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

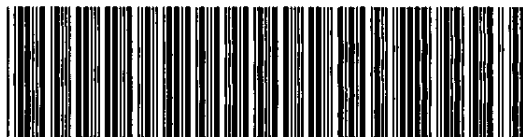
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900279296049

11/24/15--01006--010 **130.00

15 DEC 18 AM 8:21

W115-78539

WMD 12/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAUL FULLYLOVE SOCCER SCHOOLS 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:

JEREMY PAUL FULLYLOVE

Name of Person

PAUL FULLYLOVE SOCCER SCHOOLS LLC

Firm/Company

4850 51ST STREET WEST #3105

Address

BRADENTON / FLORIDA 34210

City/State and Zip Code

PAUL@FULLYLOVE.COM

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

For further information concerning this matter, please call:

(JEREMY) PAUL FULLYLOVE 941 2247631
at ()
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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2015

JEREMY PAUL FULLYLOVE
4850 51ST STREET WEST, #3105
BRADENTON, FL 34210

SUBJECT: PAUL FULLYLOVE SOCCER SCHOOLS LLC
Ref. Number: W15000078539

We have received your document for PAUL FULLYLOVE SOCCER SCHOOLS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 815A00025465

To: Florida Department of State – Division of Corporations
P.O Box 6327,
Tallahassee, Florida
32314

From: Jeremy Paul Fullylove – Paul Fullylove Soccer Schools
4850 51st Street West, #3105
Bradenton, Florida
34210

Dear Maryanne Dickey,

Please find enclosed the amended and signed forms for 'Paul Fullylove Soccer Schools LLC', my apologies for missing that part of the form originally.

Also thank you for your advice with regards to the start date for the company, we won't be doing business until January 2016 so have changed the date on the paperwork accordingly.

I wish you all the best for the holidays.

All the best,

Paul Fullylove

941-224-7631
paul@fullylove.com

15 DEC 18 AM 8:21
SOUTHERN REGIONAL
CLERK OF COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PAUL FULLYLOVE SOCCER SCHOOLS 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:

4850 51ST STREET WEST #3105

BRADENTON, FLORIDA

34210

4850 51ST STREET WEST #3105

BRADENTON, FLORIDA

34210

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:

JEREMY PAUL FULLYLOVE

Name

4850 51ST STREET WEST #3105

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

BRADENTON

FLORIDA

34210

City

State

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)

15 DEC 18 AM 8:21

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:

(JEREMY) PAUL FULLYLOVE

4850 51ST STREET #3105

BRADENTON, FLORIDA, 34210

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/19/15 1/1/16 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

JEREMY PAUL FULLYLOVE

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)