# 116000 3609

(Re	equestor's Name)	
(Ad	dress)	<del></del>
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

JAN 2 5 2018

T. SCOTT



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# COVER LETTER

	Registration Section Division of Corporations
SUBJEC	LSC Soccer Development LLC
500000	Name of Limited Liability Company
The encle	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Louis Scott Calabrese
	Name of Person
	LSC Soccer Development LLC
	Firm/Company
	14633 SW 181 Terrace
	Address
	Miami, FL 33177
	City/State and Zip Code
	scalabrese1@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Scott Calabrese 423 741-4636 at ( )
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
	Filing Fee \$\int_{\text{S130.00 Filing Fee & Certified Copy}} \int_{\text{Certified Copy}} \int_{\text{S160.00 Filing Fee, Certified Copy}} \int_{\text{Certified Copy}} \int_{Certified

### **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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LSC Soccer Development LLC  (Must end with the words "Limited Lia"	hility Company "LLC" or "LLC")
(Wast old Will the Words Ellitted Ell	only company, 2.2.c., or 22c.
CLE II - Address:	
ailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	14633 SW 181 Ter
14633 SW 181 Ter	14033 3 14 161 161
14633 SW 181 Ter Miami, FL 33177	Miami, FL 33177

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

Louis Scott Calabrese

Name

14633 SW 181 Ter

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

Miami FL 33177

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..

gistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

JEH 12 PH 2: 27

	Title: "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager	
	Louis Scott Calabrese • AMB &	14633 SW 181 Ter
		Miami, FL 33177
	Farrell Calabrese • AMSE	14633 SW 181 Ter
	Tarrett Calabiese	Miami, FL 33177
	<del></del>	<del></del>
	(Use attachment if necessary)	
If an e he dat <u>Note:</u>	LE V: Effective date, if other than the date of fil ffective date is listed, the date must be specific e of filing.)  If the date inserted in this block does not meet to the date inserted in this block does not meet to the date inserted in this block does not meet to the date inserted in this block does not meet to the date inserted in this block does not meet to the date inserted in this block does not meet the date of file in the date in the date of file in the date in the date of file in the date i	ling: (OPTIONAL)  c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed a
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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)

ARTICLE IV-