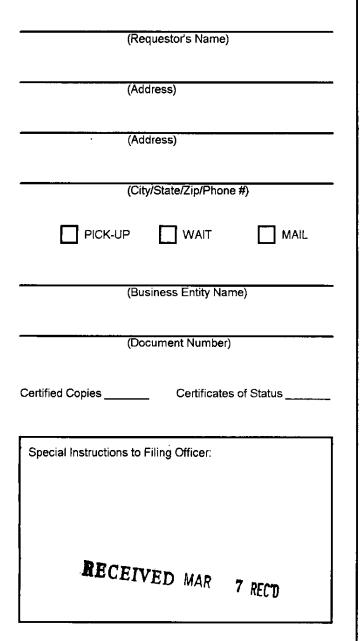
L16000053220



Office Use Only



800282433948

03/08/16--01009--009 **130.00

2016 HAR -7 PH 1:50

MAR 1 7 2016

COVER LETTER

1	TO: Registration Section Division of Corporations
	SUBJECT: DANOLIC TENNIS 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:
	Petar Danolic Name of Person
	Name of Person
	Firm/Company
	416 Spring Laxes Blud Address
	Bradenton FL 34210 City/State and Zip Code pdanolic Q yahoo, com E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	E-mail address: (to be used for future annual report potification)
ŧ	for further information concerning this matter, please call:
	Petar Danolic at (941) 730-8538 Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
	Enclosed is a check for the following amount:
	\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\$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

ARTICLESOF	ORGANIZATION FO	R FLORIDA LIMITE	DLIAB	ILITY COMPA	NY	1-7
ARTICLE I - Name: The name of the Limited Liability	Company is:				2016	MAR -7 PM
DAY	JOLIC TE	UNIS LLC			ALLAN	The state of the s
(Must end w	ith the words "Limit	ed Liability Compan	y, "L.L	C.," or "LLC	.")	38.E. E. 31.
ARTICLE II - Address: The mailing address and street add	dress of the principal	office of the Limite	d Liabi	lity Company	is:	
<u>Principa</u>	Office Address:			<u>Mailing</u>	Address:	
416 SPRINC	1 LAKES BLV	9	416	SPRING DENTON F	LAKES	BWD
BRADENTON	1 LAKES BLV		B0A	DENTON F	L 3421	0
		DAUOLIC Name			_	
		ING LAKES D		··· ··	_	
		ess (P.O. Box <u>NOT</u> :	•	•		
	BOADENION	PL State	·-··	34210		
	City	State		Zip		
laving been named as registered ag clace designated in this certificate, I inther agree to comply with the pro m familiar with and accept the obli	hereby accept the ap visions of all statutes	pointment as registed relating to the prope	red age. r and c	nt and agree to omplete perfor	o act in this mance of n	capacity. Iny duties, and I
	- RJ	a Doubez	***			
	Regis	stered Agent's Signa	ture (R	EQUIRED)	-	

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Au "MGR" = Man	thorized Member ager	Name and Address:
AMBI	Į.	PETAR DANOLIC
		416 SPRING LAKES BLUD BRADEUTON, FL 34210
	····	
	_	
EV: Effective of ective date is list of filing.) The date insertement's effective	date, if other than the date of ted, the date must be specified in this block does not mee date on the Department of	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 da et the applicable statutory filing requirements, this date will not be State's records.
EV: Effective dective date is list of filing.) The date insertement's effective	date, if other than the date of ted, the date must be specified in this block does not mee date on the Department of the visions, if any.	fic and cannot be more than five business days prior to or 90 da et the applicable statutory filing requirements, this date will not be
ective date is lis of filing.) Tthe date inserte	date, if other than the date of ted, the date must be specified in this block does not mee date on the Department of visions, if any.	fic and cannot be more than five business days prior to or 90 da et the applicable statutory filing requirements, this date will not be
E V: Effective of ective date is list of filing.) The date insertement's effective E VI: Other pro	date, if other than the date of ted, the date must be specified in this block does not mee date on the Department of the visions, if any. Signature of a member of the document is executed I am aware that any false in	et the applicable statutory filing requirements, this date will not be State's records. Description of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. aformation submitted in a document to the Department of State.
E V: Effective of ective date is list of filing.) The date insertement's effective E VI: Other pro	date, if other than the date of ted, the date must be specified in this block does not mee date on the Department of visions, if any. IGNATURE: Signature of a memt This document is executed I am aware that any false in constitutes a third degree fe	et the applicable statutory filing requirements, this date will not be State's records. Description: Description

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)