

L16000055227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

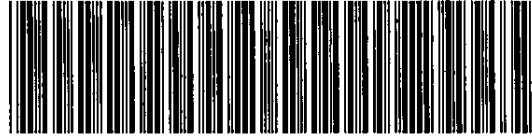
(Document Number)

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Special Instructions to Filing Officer:

~~W110-14859~~

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FILED  
2016 MAR 15 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 21 2016

T. BROWN

**COVER LETTER**

**TO: , Registration Section  
Division of Corporations**

**SUBJECT:** DEVON WHITE BASEBALL ACADEMY 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:

DEVON WHITE

Name of Person

Firm/Company

6694 NW 26TH WAY

Address

BOCA RATON, FL 33496

City/State and Zip Code

WHYTE29@HOTMAIL.COM

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

For further information concerning this matter, please call:

DEVON WHYTE

561

705-5003

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

February 29, 2016

DEVON WHITE  
6694 NW 26TH WAY  
BOCA RATON, FL 33496

SUBJECT: DEVON WHITE BASEBALL ACEDEMY LLC  
Ref. Number: W16000014859

We have received your document for DEVON WHITE BASEBALL ACEDEMY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 316A00004171

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEVON WHITE BASEBALL ACADEMY LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6694 NW 26TH WAY

BOCA RATON, FLORIDA

33496

Mailing Address:

6694 NW 26TH WAY

BOCA RATON, FLORIDA

33496

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:

DENISE JACKSON

Name

720 NW 72nd Terr.

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

Margate

City

FL

State

33063

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)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

DEVON WHYTE - MGR

COLLEEN WILSON - T

THADDEUS WHYTE - MGR

**Name and Address:**

DEVON WHYTE

6694 NW 26TH WAY

BOCA RATON, FL 33496

1652 E. BRIDGEPORT PKWY

GILBERT, AZ

85295

1652 E. BRIDGEPORT PKWY

GILBERT, AZ

85295

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MARCH 15TH (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.

DEVON WHYTE

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)