

L16000114891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

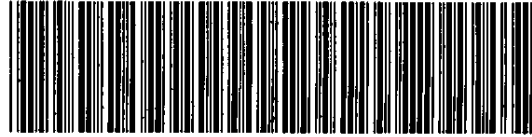
(Business Entity Name)

(Document Number)

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FILED  
2025 MAY 27 PM 9:07  
CLERK OF SUPERIOR COURT  
16 MAY 27 PM 9:07



RECEIVED

16 JUN 14 AM 10:15

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
TALLAHASSEE, FLORIDA

June 3, 2016

BRIAN ADAMS  
HURRICANE VOLLEYBALL ACADEMY LLC  
PO BOX 2481  
RIVERVIEW, FL 33568-2481

SUBJECT: HURRICANE VOLLEYBALL ACADEMY LLC  
Ref. Number: W16000040400

We have received your document for HURRICANE VOLLEYBALL ACADEMY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

The principal office address must be a street address. The mailing address can be a PO Box.

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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 616A00011643

16 MAY 27 PM 9:08

FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HURRICANE VOLLEYBALL ACADEMY LLC  
Name of Limited Liability Company

16 MAY 27 PM 9:08

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIAN ADAMS

Name of Person

HURRICANE VOLLEYBALL ACADEMY LLC

Firm/Company

Address

City/State and Zip Code

HURRICANEVOLLEYBALLACADEMY@GMAIL.COM

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

For further information concerning this matter, please call:

VICTORIA ADAMS

Name of Person

at ( 407 )

Area Code

697-4214

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HURRICANE VOLLEYBALL ACADEMY 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:

BA → 10810 BOYETTE RD.  
HURRICANE VOLLEYBALL ACADEMY LLC  
PO BOX 2481  
RIVERVIEW FL. 33568-2481

Mailing Address:

BA → 10810 BOYETTE RD.  
HURRICANE VOLLEYBALL ACADEMY LLC  
PO BOX 2481  
RIVERVIEW FL. 33568-2481

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:

BRIAN ADAMS

Name

10810 WINDBURY WAY

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

RIVERVIEW FL. 33569

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..

B. Adams

Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 MAY 27 PM 9:08  
RIVERVIEW FL 33568-2481

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

VICTORIA ADAMS

10810 WINDBERRY WAY

RIVERVIEW FL. 33569

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A (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:**

Brian Adams

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.

BRIAN ADAMS

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)

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TALLAHASSEE, FLORIDA