

17000107 142

(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



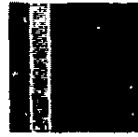
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FILED
17 MAY 15 PM 4:15
CLERK OF DISTRICT COURT
MAY 16 2017
T SCHROEDER

MAY 16 2017
T SCHROEDER

Kristine Golden
PO Box 1014, Orlando FL 32802
321-354-8787 krisgiphone@gmail.com



5/15/17

Matthew Moon
FL Dept. of State- Div. of Corporations
Ref.#- W17000038840/ Letter#- 017A00008924

To Whom in May Concern,

I am submitting this letter to confirm that I have no intention of reinstating FLORIDA SPORTS MASSAGE, INC., thereby allowing the company name to be released and become available for FLORIDA SPORTS MASSAGE, L.L.C. Should you have further questions, please feel free to contact me at 321-354-8787.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kristine Golden", followed by a horizontal line.

Kristine Golden



COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Florida Sports Massage, 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:

Kristine Golden

Name of Person

Florida Sports Massage, LLC.

Firm/Company

PO Box 1014

Address

Orlando, FL 32802

City/State and Zip Code

krisgiphone@gmail.com

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

For further information concerning this matter, please call:

Kristine Golden

321

354-8787

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Sports Massage, LLC.

(Must contain 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:

1419 Lake Baldwin Ln. Ste.B
Orlando, FL 32814

Mailing Address:

PO Box 1014
Orlando, FL 32802

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:

Kristine Golden

Name

1419 Lake Baldwin Ln. Ste. B

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

Orlando

FL


32814

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)

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17 MAY 16 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMGR

Name and Address:

Kristine Golden

PO Box 1014

Orlando, FL 32802

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

Kristine Golden

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)

FILED
17 MAY 16 PM 4:15
CLERK OF STATE
TALLAHASSEE, FLORIDA