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SECRETARY OF STATE
TALLAHASSEE FLORIDA

7/11/17

COVER LETTER

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

SUBJECT: SPORTS CLUB PHRASES (+ SHIRTS)
Name of Limited Liability Company + ETC)

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

Please return all correspondence concerning this matter to the following:

INA S. HALL

Name of Person

SPORTS CLUB PHRASES

Firm/Company

10422 INDIAN WALK Rd.

Address

JACKSONVILLE FL 32257

City/State and Zip Code

INA IN JAX @ AOL

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

For further information concerning this matter, please call:

INA HALL at (904) 262-5207

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:

SPORTS CLUB PHRASES 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:

Mailing Address:

10422 INDIAN WALK Rd
Jacksonville Ft 32257

SAME

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:

INA S. HALL

Name

10422 INDIAN WALK Rd.

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

JACKSONVILLE FL 32257

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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..

Ina S. Hall

Registered Agent's Signature (REQUIRED)

(CONTINUED)

