

L18000173628

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

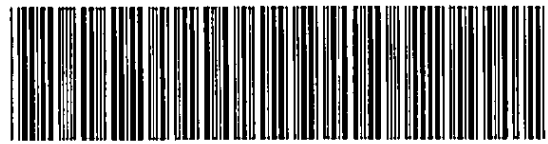
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

W18000061685



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07/02/18--01032--006 \*\*130.00

FILED  
18 JUL -2 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Full Court Pressure 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:

Alvin McHardy  
Name of Person

Full Court Pressure  
Firm/Company

123 Alamere Dr. SW.  
Address

Palm Bay FL, 32908  
City/State and Zip Code

Kmchardy@whogetgame.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kraig McHardy ( 772 ) 201-2238  
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:

Full Court Pressure "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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>ALVIN McHardy</u>	<u>123 Alamere Dr. SW.</u>
	<u>Palm Bay, FL</u>
	<u>32908</u>

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:

ALVIN McHardy  
Name

123 Alamere Dr. SW.  
Florida street address (P.O. Box **NOT** acceptable)

Palm Bay FL 32908  
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..

Alvin McHardy  
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

**Name and Address:**

"MGR"

AMBR

Roderick Carter  
521 Londonderry Cir.  
Palm Bay FL, 32909

Alvin McHardy  
123 Alameide Dr. Palm Bay  
FL, 32908

(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:**

Alvin McHardy

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.

Alvin McHardy

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)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2018

ALVIN MCHARDY  
123 ALAMERE DR SW  
FULL-COURT  
PALM BAY, FL 32908 US

SUBJECT: FULL-COURT LIMITED LIABILITY COMPANY  
Ref. Number: W18000061685

RECEIVED  
2018 JUL 16 PM 12:28  
DIVISION OF CORPORATIONS  
COMMERCIAL  
REGISTRATION SERVICES

We have received your document for FULL-COURT LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please list the complete principal office address.

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.

Ingrid D Kelly  
Regulatory Specialist II

Letter Number: 118A00013859



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2018

ALVIN MCHARDY  
123 ALAMERE DR SW  
FULL-COURT  
PALM BAY, FL 32908 US

SUBJECT: FULL-COURT LIMITED LIABILITY COMPANY  
Ref. Number: W18000061685

We have received your document for FULL-COURT LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Please list the complete principal office address.

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.

Ingrid D Kelly  
Regulatory Specialist II

Letter Number: 118A00013859

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Full-Court Limited Liability Company  
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:

Alvin Mc Hardy  
Name of Person

Full-Court  
Firm/Company

123 Alamere Dr SW  
Address

Palm Bay FL 32908  
City/State and Zip Code

Kmchardy@whogotgame.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kraig Mc Hardy at (772) 201-2238  
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  
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Street Address

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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:

Full-Court "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:

Alvin McHardy

Mailing Address:

123 Alamere Dr. SW.  
Palm Bay, FL  
32908

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:

Alvin McHardy  
Name

123 Alamere Dr. SW.

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

Palm Bay FL 32908  
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..

Alvin McHardy

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
18 JUL -2 PM 1:37  
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

**Name and Address:**

Manager

AMBR

Roderick Carter  
521 Landonberry Cir  
Palm Bay, Florida 32909

Alvin Mc Hardy  
123 Alameda Dr. Palm Bay  
FL 32908

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Alvin Mc Hardy

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.

Alvin Mc Hardy

Typed or printed name of signer

**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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 JUL -2 PM 1:37

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