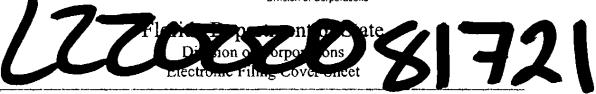
2/25/22, 9:52 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 : (305)328-4774 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:				

## FLORIDA LIMITED LIABILITY CO. NONA VOLLEYBALL ACADEMY LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunblz.org/scripts/efilcovr.exe

Page: 3 of 4

13053284774

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name: The name of the Limited Liability Company is: NONA VOLLEYBALL ACADEMY 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: 13326 SPROSTON PT ORLANDO, FL 32832 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: CLIRVAENS PRESSOIR Name

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.

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

13326 SPROSTON PT

City

**ORLANDO** 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

From: Yanet Avila

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	CLIRVAENS PRESSOIR 13326 SPROSTON PT ORLANDO, FL 32832
(Use attachment if necessary)	
CLEV: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days afte
ate of filing.)	not meet the applicable statutory filing requirements, this date will not be listed
ate of filing.)	
ate of filing.)  : If the date inserted in this block does	

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.

CLIRVAENS PRESSOIR

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)

