

L22000521555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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American Academy

<https://www.americanacademy.info/donation/>

Florida Department of State
Division of Corporations
New Filing Section
P.O. Box 6237
Tallahassee, FL 32314

To Whom it May Concern,

Filing New LLC for

Coach Mark Basketball, LLC
Martintoch Mark Roseme
6345 Branchwood Drive
Lake Worth, FL 33467

Day time Phone - 561-692-1313

Enc. Cover Letter

Articles of Organization for Florida LLC

Check for \$160 for Filing Fee, Certificate of Status and Certified Copy

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Coach Mark Basketball, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Martintoch "Mark" Roseme
Name of Person

American Academy
Firm/Company

6345 Branchwood Drive
Address

Lake Worth FL 33467
City/State and Zip Code

mark@americanacademy.info
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Roseme at (561) 692-1313
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Coach Mark Basketball, 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:

6345 Branchwood Dr.
Lake Worth FL 33467

Mailing Address:

6345 Branchwood Dr.
Lake Worth FL 33467

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:

Martintoch Mark Roseme

Name

6345 Branchwood Drive

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

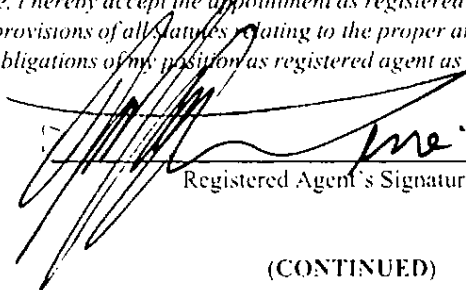
Lake Worth FL 33467

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company, I, the undersigned, do hereby accept the appointment as registered agent and agree to act in this capacity and 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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TALLAHASSEE, FL 32399

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Founder/Manager

Name and Address:

Mark Roseme

6345 Branchwood Dr.
Lake Worth FL 33467

(Use attachment if necessary)

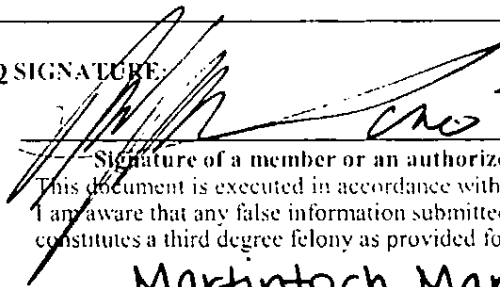
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 document 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.

Martintoch Mark Roseme

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