

K24000021075

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H24000024862 3)))



H240000248623ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LYONS & LYONS, P.A.
Account Number : I20030000061
Phone : (239)948-1823
Fax Number : (239)948-1826

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

Email Address: jeffstevenssh57@gmail.com

**FLORIDA LIMITED LIABILITY CO.
BAYFRONT PICKLEBALL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

2024 JAN 18 AM 9:15
STATE
TALLAHASSEE, FL

FILED

((H124000024862 3)))

ARTICLES OF ORGANIZATION
OF
BAYFRONT PICKLEBALL, LLC

ARTICLE I – NAME

The name of the limited liability company is Bayfront Pickleball, LLC, (the "Company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Company is:

Principal Office Address:
450 Bayfront Place, Ste. 4201
Naples, Florida 34102

Mailing Address:
450 Bayfront Place, Ste. 4201
Naples, Florida 34102

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Jeff Stevens
450 Bayfront Place, Suite 4201
Naples, Florida 34102

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.

DocuSigned by:
John J. Stevens (a/k/a Jeff Stevens)
Jeff Stevens
(a/k/a John J. Stevens)

FILED
2024 JAN 18 AM 9:15
TALLAHASSEE, FL

(((1124000024862 3)))

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

Jeff Stevens
450 Bayfront Place, Ste. 4201
Naples, Florida 34102

REQUIRED SIGNATURE:

DocuSigned by:

John J. Stevens (a/k/a Jeff Stevens)

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.

Jeff Stevens (a/k/a John J. Stevens)

Typed or printed name of signer

FILED

2024 JAN 18 AM 9:15

CLERK OF STATE
TALLAHASSEE, FL