

L04000085022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

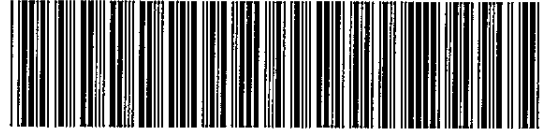
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TALLAHASSEE, FLORIDA

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DEPT. OF REVENUE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 990327 7361756

AUTHORIZATION :

COST LIMIT : \$ 125.00

Patricia Pigute

ORDER DATE : November 23, 2004

ORDER TIME : 1:16 PM

ORDER NO. : 990327-005

CUSTOMER NO: 7361756

CUSTOMER: Ms. Karen Gotkin
Duane Morris LLP

Suite 500
470 Atlantic Avenue
Boston, MA 02210

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: FINISH LINE ADVANTAGE, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire - EXT. 2909

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Finish Line Advantage, LLC

ARTICLE II - Address:

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

Principal Office Address:

350 East Las Olas Boulevard

Suite 1400

Ft. Lauderdale, FL 33301

Mailing Address:

c/o John J. Flynn

350 East Las Olas Blvd., Ste.

Ft. Lauderdale, FL 33301

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

John J. Flynn

Name

350 East Las Olas Boulevard, Suite 1400

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

Ft. Lauderdale

FLORIDA 33301

City, State, and 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 608, Florida Statutes..

/s/ John J. Flynn

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

John J. Flynn

350 East Las Olas Blvd., Ste. 1400

Ft. Lauderdale, FL 33301

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

/s/ John J. Flynn

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John J. Flynn

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)