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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF SIATE TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations	
A State of the American Control of the American Control	the state of the s
SUBJECT: DRT Sports Group, LLC	
Name of Lit	mited Liability Company
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Daniel Cifuentes	
	Name of Person
Diaz, Reus & Targ LLP	
	Firm/Company
100 SE 2 Street, Suite 3400	
	Address
Miami, FL 33131	
	City/State and Zip Code
dcifuentes@diazreus.com E-mail address: (to be use	16.64
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, plea	ase call:
Daniel Cifuentes at (305) 375-9220
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$125.00 Filing Fee ☐\$130.00 Filing Fee &	□\$155.00 Filing Fee & □\$160.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	(additional copy is enclosed
N. 111	0
Mailing Address Registration Section	Street/Courier Address Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
DRT Sports Group, LLC		
	mited Liability Company, "L.L.C.," or "	LLC")
(Mast one Will the Words Die	inited Elability Company, E.E.C., Or	DDC.)
ARTICLE II - Address:		
The mailing address and street address of the princi	pal office of the Limited Liability Comp	any is:
Principal Office Address.	B.F. 111 A 3 B	
Principal Office Address:	Mailing Address:	
100 SE 2 Street	_100 SE 2 Street	
Suite 3400	Suite 3400	
Miami, FL 33131	Miami, FL 33131	
ADTICLE III Dadana LA LA DA LA LOS	om an tall the control	
ARTICLE III - Registered Agent, Registered Of The Limited Liability Company cannot serve as its		
mother business entity with an active Florida regist		nate an individual or
The name and the Florida street address of the regis	stered agent are:	
Fausto Sanchez	T	
r	Name	
100 SE 2 Street, Suite 34	400	
Florida street address (P.O		
<u>Miami</u>	FL 33131	
City	Zip	
Having been named as registered agent and to acce	ant parties of prosess for the shows stated	Himitad liability common, of
the place designated in this certificate, I hereby a	control the appointment as registered ages	: umueu uuvuuy company ai nt and aaree ta act in this
capacity. I further agree to comply with the provis	sions of all statutes relating to the proper	and complete performance
of my duties, and I am familiar with and accept th	he obligations of my position as registered	d agent as provided for in
	Chapte <u>r 605</u> , F.S.	
		
		A O
Registered Agent's S	Signature (REQUIRED)	
	(1)	
		SZ 2
(CONT	'INUED)	SEX S
Ph	.i.m	
rage	e1of2	5. 5.
		== ~~~

<u>Title;</u>	Name and Address:	
"AMBR" = Authorized Men "MGR" = Manager	per ·	
MGR - Manager	Michael Diaz, Jr.	
	100 SE 2 Street. Suite 3400	_
	Miami, FL 33131	_
		_
· 	***************************************	_
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(Use attachment if necessary CLE V: Effective date, if other teffective date is listed, the date e of filing.)	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or	- 90 da
CLE V: Effective date, if other to the date of filing.)	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or	- 90 da
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CLE V: Effective date, if other to effective date is listed, the date of filing.) CLE VI: Other provisions, if any REQUIRED SIGNATURE		90 da
CLE V: Effective date, if other t effective date is listed, the date e of filing.) CLE VI: Other provisions, if any REQUIRED SIGNATURE Signat	re of a member or an authorized representative of a member.	
CLE V: Effective date, if other to effective date is listed, the date of filing.) CLE VI: Other provisions, if any REQUIRED SIGNATURE Signat (In accordance with	re of a member or an authorized representative of a member.	
CLE V: Effective date, if other to effective date is listed, the date is of filing.) CLE VI: Other provisions, if any REQUIRED SIGNATURE Signat (In accordance with constitutes an affirm I am aware that any	re of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are fruction in a document to the Department of State	
CLE V: Effective date, if other to effective date is listed, the date is of filing.) CLE VI: Other provisions, if any REQUIRED SIGNATURE Signat (In accordance with constitutes an affirm I am aware that any constitutes a third of	re of a member or an authorized representative of a member. section 695.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are fruction in a document to the Department of State gree felony as provided for in s.817.155, F.S.)	2 AON 7.1
CLE V: Effective date, if other to effective date is listed, the date is of filing.) CLE VI: Other provisions, if any REQUIRED SIGNATURE Signat (In accordance with constitutes an affirm I am aware that any constitutes a third of	re of a member or an authorized representative of a member. section 695.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)	14 NOV 25
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