

DEC-06-2013

15PM

M-AKERMAN ENTER

305

62

01/003

127

**L13000169395**

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.

(((H13000267986 3)))



H130002679863ABC9

**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) 617-6383

From:

Account Name : AKERMAN LLP - MIAMI  
Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

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

Email Address:

Pedro.Freyre@akerman.com

**FLORIDA LIMITED LIABILITY CO.  
MIAMI FUSION F.C. LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

RECEIVED

13 DEC -6 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

2013 DEC -6 AM 8:51

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

DEC - 9 2013

EXAMINER 12/6/2013

H13000267986 3

**ARTICLES OF ORGANIZATION  
OF  
MIAMI FUSION F.C. LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **MIAMI FUSION F.C. LLC**

**ARTICLE II: - Address**

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

c/o Pedro Freyre  
One SE Third Avenue, 25<sup>th</sup> Floor  
Miami, FL 33131

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

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

**NRAI SERVICES, INC.**  
1200 S. Pine Island Road  
Plantation, FL 33324

*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, F.S.*

**NRAI SERVICES, INC.**

By: \_\_\_\_\_

Name: Katie Wonsch

Title: Assistant Secretary

**ARTICLE IV: - Management**

☒ The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

**ARTICLE V: - Manager(s) or Managing Member(s)**

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

**MGRM** Intelisport  
c/o One SE Third Avenue, 25<sup>th</sup> Floor  
Miami, FL 33131

**MGRM** Fernando De Mattheis  
c/o One SE Third Avenue, 25<sup>th</sup> Floor  
Miami, FL 33131

H13000267986 3

[26288292.1]

2013 DEC -6 AM 8:51  
TALLAHASSEE 10410

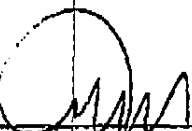
DEC-06-2013 12:18PM

FROM-AKERMANTENTERFITT

+3053745095

T-262 P.003/003 F-127

H13000267986 3



Pedro A. Freyre, Authorized Representative

(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.)

Pedro A. Freyre

Typed or printed name of signer

2013 DEC -6 AM 8:51  
FALLMANSST 10/11/13

H13000267986 3