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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	e)
(Di	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		DIN
	Office Use Only	$\mathcal{M}_{\mathcal{D}}$



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: K.E.L. SPORTS MANAGE		_
(Name of Lin	nited Liability Company)	-
The enclosed Articles of Organization and for	ee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
JEFFREY S. KAUFMAN, JR.		
(Name of Person)	-	
,		Z 0 -
KAUFMAN, ENGLETT & LYND, P.A.		03 OCT 13
(Firm/Company)		AST -
		E A
733 W. COLONIAL DRIVE		M 9: 54
(Address)		- E
ORLANDO, FLORIDA 32804		<i>y</i> .
(City/State and Zip Code)		
For further information concerning this matt	ter, please call:	
JEFFREY S. KAUFMAN, JR.	at (407) 481-2535	
(Name of Person)	(Area Code & Daytime Telephone Number)	-
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	I	CI	Æ	I	_	N	am	e	:
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The name of the Limited Liability Company is:

K.E.L. SPORTS MANAGEMENT, LLC

ARTICLE II - Address:

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

Principal Office A	Address:	Mailing Address:	
733 W. COLONIAL	DRIVE	733 W. COLONIAL DRIVE	
ORLANDO, FLORIDA 32804		ORLANDO, FLORIDA 32804	<u> </u>
	Registered Agent, Registered Office,	, & Registered Agent's Signature:	
The name and me	JEFFREY S. KAUFMAN, JR.	agent are.	PERMITSE
Name		mc a	
733 W. COLONIAL DRIVE			
Florida street address (P.O. Box N		time is a	-
ORLANDO, FLORIDA 321			
	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, F.S..

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(CONTINUED)

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" = Manager	Name and Address:
"MGRM" = Managing Member	÷ · · · · · · · · · · · · · · · · · · ·
MGR	KAUFMAN, ENGLETT & LYND, P.A.
	733 W. COLONIAL DRIVE
	ORLANDO, FLORIDA 32804
-	
	TAL L
	• سلمه • حسر ه مرکب
	m- m-
-	
(Use attachment if necessary)	
NOTE: An additional article must be	oe added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member	er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated he	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
	<u>Filing Fees:</u> \$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)