W40000 15320

(Req	uestor's Name)	
(Addi	ress)	
(Addi	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ıment Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to Fi	ling Officer:	
		done
	<u>.</u>	

Office Use Only



000028540570

02/16/04--01034--001 **155.00



TRANSMITTAL LETTER

SUBJECT:	Score LLC		
	(Name of Limited Liability Company)		
The enclosed Art	icles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
_	Stephen C. Yager		
	(Name of Person)		
	Stephen C. Yager - Tax & Accounting		7.
	(Firm/Company)	100	
	P.O. Box 1869	SSEE	
	(Address) Inverness, FL. 34451	FLCan	
•	(City/State and Zip Code)	 , 0	· ≠ = -
For further inform	nation concerning this matter, please call:		
	n C. Yager at (352) 726-0384		
	(Name of Person) (Area Code & Daytime Telephone Number	er)	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TALLAHASSEE FI DOM	04 FE8 I	
A E A	££8	- i
22 22 23	9	1 (A.4.) 2 (A.4.)
ار ج ار خوالد		
25.	ë	7
: ::	AH 10: 00	

ARTICLE I - Name:

The name of the Limited Liability Company is:

Score LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
8954 Spyglass Loop	P.O. Box 1869
Clermont, FL. 34711	Inverness, FL. 34451

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Name
8954 Spyglass Loop
Florida street address (P.O. Box NOT acceptable)

Clermont FLORIDA 34711
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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:				
<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address: Member	HASSEE.		
MGR	Jon DeMott			
-	8954 Spyglass Loop	<u> </u>		
	Clermont, FL. 34711			
MGR	Kevin Holden 1971 Karolina Avenue Orlando, FL. 32879	<u> </u>		
MGR	Robert Crowell			
	1215 E. Harding Stree			
	Orlando, FL. 32806			
(Use attachment if neces	ssary)			
NOTE: An additional	article must be added if an effective date is requeste	ed.		
REQUIRED SIGNAT	URE:			
Signature of	a member or an authorized representative of a member.			
(In accordance of this document)	ce with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjury stated herein are true.)			
	Jon DeMott			
 ,,	Typed or printed name of signee			

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)