

Florida Department of State  
Division of Corporations  
Public Access System

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.

(((H04000116599 3)))

**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) 205-0383

From:  
Account Name : COURT ACCESS CENTERS OF AMERICA  
Account Number : 075350000541  
Phone : (813) 875-1333  
Fax Number : (813) 875-2703

6/20/04

04 JUN -2 AM 10:16  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RECEIVED

04 JUN -2 AM 9:06

DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**Sports Funding 9, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

4p

Audit # H04000116599

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

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**Sports Funding 9, LLC**

The mailing address and street address of the Limited Liability Company are :

**2620 S. Parkview St.  
Tampa, FL 33629**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3249 W Cypress St., Suite C. Tampa, FL 33607, (813)-875-1333.

04 JUN -2 AM 10:16  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

JUN 02 2004 9:00AM HP LASERJET 3200

p. 3

FROM : CAPITAL ASSET FINANCIAL SVCS  
From John Gries To Robert Gries

PHONE NO. : 813 25326574  
DATE: 07/01/2004 TIME: 11:23:02 AM

Jun. 02 2004 09:31AM P3  
Page 3 of 4

Audit # H04000116599

**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

**2620 S. Parkview St.  
Tampa, FL 33629**

and the name of its registered agent at such address is:

**Robert Gries, Jr.**

**ARTICLE VI**  
**Management**

This Limited Liability Company shall have One Manager(s) or Managing Member(s).

The name and address of Manager(s) or Managing Member(s) are:

**Name and Address**

**Robert Gries, Jr., Managing Member  
2620 S. Parkview St.  
Tampa, FL 33629**

Dated: Tuesday, June 01, 2004

Robert Gries, Jr.

04 JUN - 2 AM 10:16  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Audit # H04000116599

JUN 02 2004 9:00AM HP LASERJET 3200

P. 4

FROM : CAPITAL ASSET FINANCIAL SVCS  
From: John Gries To: Robert Gries

PHONE NO. : 813 25326574

Jun. 02 2004 09:31AM P4

Audit # H04000116599

**ACCEPTANCE BY REGISTERED AGENT**

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.

Date: June 1, 2004

  
Robert Gries, Jr.

04 JUN -2 AM 10:16  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Audit # H04000116599