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From:

Account Name : HUBCO

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LIMITED LIABILITY COMPANY

Bite Me Sports LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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Corporate Filings

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JIVISION OF CURPURATION

401A-51445

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Bite Me Sports 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:	
6117 Arlington Circle	6117 Arlington Circle	
Melbourne, FL 32940	Melbourne, FL 32940	
ARTICLE III - Registered Age The name and Florida street address of	nt, Registered Office & Registered Agent's Signature he registered agent are:  Karen Wisneski  Name	
	Name	
	6117 Arlington Circle	
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Melbourne, FL 32940	
	(City / State / 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.

Registered Agent's Signature - Karen Wisneski

The name and address of each Man	r Managing Member(s): ager or Managing Member is as follows:
<u>Title:</u> "MGR"=Manager "MGRM"=Managing Member	Name and Address:
MGRM	Karen Wisneski- 6117 Arlington Circle, Melbourne, FL 32940
(Use attachment if necessary)	
REQUIRED SIGNATURE:	Land is the second of the seco
Signature	of a member or authorized representative of a member.
	nce with section 608.408(3), Florida Statutes, the execution of this institutes an affirmation under the penalties of perjury that the facts are true.)
	Karen Wisneski
	Typed or printed name of signee