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(Requestor's Name) (Address)	9000406758
(City/State/Zip/Phone #)	10/08/040105102
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	PAULAHASSI E FLORIDA
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October 8, 2004

CORPORATION NAME (S) AND DOCUMENT NUMBER (

onthegoSPORTS Management, LLC

					y
	Filing Evidence Plain/Confirmation		C		Type of Document Certificate of Status
	□ Certified Copy		E]	Certificate of Good Standing
			. [ָ נ	Articles Only
	Retrieval Reque	est			All Charter Documents to Include Articles & Amendments Fictitious Name Certificate
	□ Certified Copy			3	Other
	NEW FILINGS		AMENDMENTS		
	Profit		Amendment		
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	NEW FILINGS
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

OTHER FILINGS		
	Annual Reports	
	Fictitious Name	
	Name Reservation	
	Reinstatement	

AMENDMENTS
 Amendment
Resignation of RA Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
Merger

REGISTRATION/QUALIFICATION
Foreign
Limited Liability
Reinstatement
Trademark
Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name:
The name of the Limited Liability Company is:
onthorac BODTC Management 11 C

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:	
6904 Fairbrook Way	6904 Fairbrook Way	
Tampa, FL 33634	Tampa, FL 33634	

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.	
	Name
526 E. Park Avenue	
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Tallahassee	FLORIDA 32301
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..

NRAI Services, Inc.

Repistered 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:

Title: "MGR" = Manager "MGRM" = Managing M	Name and Address: Member
MGRM	James C. Martin 6904 Fairbrook Way Tampa, FL 33634
(Use attachment if neces	sary)
NOTE: An additional REQUIRED SIGNAT	article must be added if an effective date is requested.
Signature of	a member or an authorized representative of a member.
of this docum	the with section 608.408(3), Florida Statutes, the execution tent constitutes an affirmation under the penalties of perjury stated herein are true.)
Susan Mos	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)