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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) d Copies Certificates of Status al Instructions to Filing Officer:		(Reques	stor's Name)	:
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) d Copies Certificates of Status		(Addres	s)	
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Office Use Only



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J. SPORN DEC . 9 2004

TRANSMITTAL LETTER

TO: Registration Division of	Section Corporations			
SUBJECT: AA Ba		d Liability Compa	any)	
	`	, ,	• •	
The enclosed Article	s of Organization and fee(s) are s	ubmitted for filing	g.	
Please return all corre	espondence concerning this matte	er to the following	. •	
Drepa	ul Balram			
	(A	Name of Person)		1004 DEC -2 PM 1:5
	(Firm/Company)		70 70
				SET
18224 43	and Rd N			T.S
	1011011	(Address)		ر المالية
				OP S
Lo	xahatchee, FL 33470			
	(City/	State and Zip Code)	
For further information	on concerning this matter, please	call:		
Drepaul Balram		at (561	795-2652	
	me of Person)		e & Daytime To	elephone Number)
Enclosed is a check	for the following amount:			
3 \$ 125.00 Filing Fe	ce \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fi Certified Copy (additional copy	у	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	REET ADDRESS: gistration Section vision of Corporations		MAILING A Registration S Division of Co	ection

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AA Ball, LLC	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18224 43rd Rd N	18224 43rd Rd N
Loxahatchee, FL 33470	Loxahatchee, FL 33470
	2
ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's Signature:
The name and the Florida street address of the	registered agent are:
Drepaul Balram	76
Name	•
18224 43rd Rd N	
Florida street ad	dress (P.O. Box NOT acceptable)
Loxahatchee FL 33470	FL
City, State,	and Zip

Japan Baban

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..

(CONTINUED)

Page 1 of 2

'ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGR	Drepaul Balram	
	18224 43rd Rd N	_
	Loxahatchee, Fl 33470	<u> </u>
		
		- B.
		7
(Use attachment if necessary)		PH 1:51
NOTE: An additional article must be	added if an effective date is requested.	ラぞ
REQUIRED SIGNATURE:		
Signature of a member of	Balva- r an authorized representative of a member.	
(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury in are true.)	
Drepaul Balram		
Typed	or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)