(Q5000073003

(Re	questor's Name)		
(Address)			
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies		}	
Special Instructions to	Filing Officer.		

Office Use Only



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M. HODGES

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT:	Scored One LLC		
	(Name of Limited	Liability Company)	
The enclosed Articles of	f Organization and fee(s) are su	ubmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Caroline M. Manc		
	4)	lame of Person)	
	Scored One, LLC.		
	(1	Firm/Company)	
	,	• • •	
	781 Parkside Cir		
		(Address)	
	Boca Raton, FI. (City)	33486 State and Zip Code)	
For further information	concerning this matter, please	call:	
	M. Mancini of Person)	at (954) 444-246 (Area Code & Daytime Te	55 lephone Number)
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRI	EET ADDRESS:	MAILING A	DDRESS:
	tration Section	Registration S	
	ion of Corporations	Division of Co	
	. Gaines Street	P.O. Box 6327	
Tallah	nassee, Florida 32399	Tallahassee, F	lorida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
Scored One LLC			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
781 Parkside Circle North Boca Raton, FL 33486	781 Parkside Circle North Boca Raton, FL 33486		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:			
The name and the Florida street address of the re	egistered agent are:		
Caroline Mancini			
Name			
781 Parkside Cir	cle North		
Florida street address (P.O. Box NOT acceptable)			
Boca Raton,	FL 33486		
City, State, and Zip			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a limither agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S		
Registered Agent's	2 - 2		
/ Registered Agent's	oikuame		

(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 Member	Name and Address:
MGRM	Anthony J. Mancini 2727 N. Ocean Blvd. #A-103 Boca Raton, FL 33431
MGRM	Jeffrey J. Mancini 781 Parkside Circle North
	Boca Raton, FL 33486
MGRM	Caroline M. Mancini 781 Parkside Circle NOrth Boca Raton, FL 33486

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Caroline M. Mancini

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)