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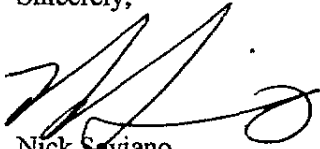
Nick Saviano
9072 Southern Orchard Road
Davie, FL 33328
June 22, 2005

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

To Whom It May Concern:

Please find enclosed the articles of organization to form a limited liability company. I can be reached by phone at (954)578-4726, or via mail at the following address: 9072 Southern Orchard Road, Davie, Florida, 33328.

Sincerely,



Nick Saviano

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAVIANO HIGH PERFORMANCE TENNIS
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICK SAVIANO
(Name of Person)

SAVIANO HIGH PERFORMANCE TENNIS
(Firm/Company)

9072 Southern Orchard Rd N.
(Address)

Davie FL 33328
(City/State and Zip Code)

For further information concerning this matter, please call:

Nick Saviano at 954 295-6491
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 6, 2005

HICK SAVIANO
SAVIANO HIGH PERFORMANCE TENNIS
9072 SOUTHERN ORCHARD RD N
DAVIE, FL 33328

SUBJECT: SAVIANO HIGH PERFORMANCE TENNIS
Ref. Number: W05000032627

We have received your document for SAVIANO HIGH PERFORMANCE TENNIS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 805A00044970

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Saviano High Performance Tennis L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

* 9072 S. Orchard Rd
DAVIE, FL 33328

Mailing Address:

* 9072 S. Orchard Rd
DAVIE, FL 33328

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

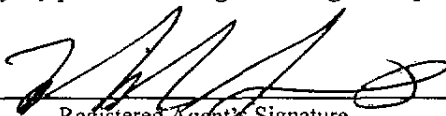
The name and the Florida street address of the registered agent are:

Nick Saviano
Name

9072 Southern Orchard Rd N.
Florida street address (P.O. Box **NOT** acceptable)

Davie ~~FL~~ 33328
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, F.S.


Registered Agent's Signature

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TALLAHASSEE, FLORIDA
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(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 Member

"MGR"

Name and Address:

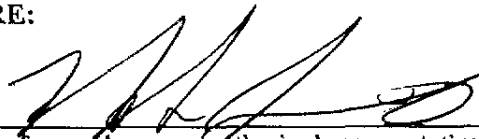
Nick Saviano

_____	_____
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(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.)

Nick Saviano

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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