Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: GLENN RASMOSSEN & FOGARTY, P.A.

Account Number : Il9990000156

Phone

: (813)229-3333

Fax Number

x (813)229-5946

LIMITED LIABILITY COMPANY

MVP SPORTS TAMPA BAY, LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MVP SPORTS TAMPA	BAY, LLC
	ed Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this man	ter to the following:
Marc Chambers	
<u> </u>	(Name of Person)
Glenn Rasmussen Fogart	y & Hooker, P.A.
	(Firm/Company)
100 South Ashley Drive,	Suite 1300
	(Address)
Tampa, Florida 33602	
(Cit	y/State and Zip Code)
For further information concerning this matter, please	e call:
Marc Chambers	at (813 229-3333 ext 317 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
S125.00 Filing Fee Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301

Marc Chambers 100 S. Ashley Drive, Suite 1300 Tampa, FL 33602 (813) 229-3333 Florids Bar No. 0689084

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF CROSS SERVICES	TOR PROMISE ANNIHAD LANGUAGE COMMITTEE
ARTICLE I - Name:	
The name of the Limited Liability Con	mpany is:
MVP SPORTS TAMPA BAY, LL	c
(Must end with the words "Limited Liability Comp	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	s of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
16307 W. Course Drive	16307 W. Course Drive
Tempa, Florida 33624	Tampa, Florida 33624
Joseph D. Gows	20
	Name
16307 W. Cour	se Drive
Florid	la street address (P.O. Box NOT acceptable)
<u>Tampa</u>	FL_33624
	Xty, 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 Signature (REQUIRED)

(CONTINUED) Page 1 of 2 DIVISION OF CURPORALIONS

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ARTICLE IV- Man The name and addres	ager(s) or Managing Member(s): s of each Manager or Managing Member is as follows:
<u>Title:</u> "MGR" ≃ Manager "MGRM" = Managir	<u>Name and Address:</u> ng Memb er
MGR	Joseph D. Gowen 16307 W. Course Drive Tampa, Florida 33624
(Use attachment if ne	
ARTICLE V: Effective date	, if other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prior
(In of t	nature of a member or an apthorized representative of a member. Exconsance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of pecjury that the facts stated herein are true.)
Filing Rees;	Typed or printed name of signer

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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