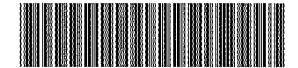
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
26 FILC		
EFFECTIVE DATE 2-2-06		

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02/06/06-01069-009 **130.00

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PRAVER SHAPIRO SPORTS MANAGEMENT, LLC (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:		
BARRY PRAVIAL (Name of Person)		
(Name of Person)		
PRANZEZ SHAPIRO SPORTS MANURELEDT.		
(Firm/Company)		
105 AWGELFISH LANE (Address)		
(Address)		
JUITER, FL 33477		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
RAPHY PRAVER at (TG) 7716313 (Name of Person) (Area Code & Daytime Telephone Number)		
(
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & 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		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
PRAVER SHAPIRO SPORTS MWAGHYENT, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.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:
JUPITER IE 33477
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
BARRY PRAVER
Name
105 ANGELFISH LANE
Florida street address (P.O. Box NOT acceptable)
JUPITEL 33477 8 8 8
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 (REQUIRED)

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

Title:

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

"MGR" = Manager "MGRM" = Managing Member	
MGRM	NORTH STAR SPORTS MANAGEMENT, LC
	DUPITAL FL 33477
HGRM	SCOTT SHAPIRO, PA
	MIANI, FL 33133
	# · · · · · · · · · · · · · · · · · · ·
·	
(Use attachment if necessary)	
	ate of filing: 1380484 2, 2006 (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Barat	
Signature of a member	or an authorized representative of a member.
(In accordance with section of this document constitu	on 608.408(3), Florida Statutes, the execution

Name and Address:

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee