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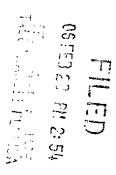
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COVER LETTER

TO: Registration Section Division of Corporat	ions		
SUBJECT: Southeas	stern Rugby Le	ague, L.L.C.	
		d Liability Company)	
The enclosed Articles of Orga	inization and fee(s) are si	ıbmitted for filing.	
Please return all corresponden	ice concerning this matte	r to the following:	
Andrew J.			
	(1)	Name of Person)	
Southeaste	ern Rugby Lea		
	0	Firm/Company)	
13715 Ric	hmond Park	Drive North, #60	7
		(Address)	
Jacksonvi	lle, Florida 3		
	(City/	(State and Zip Code)	
For further information concer	rning this matter, please	call:	
Andrew J. Slover		at (904) 514-850 (Area Code & Daytime Te	03
(Name of Per	son)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the	following amount:		4
\$125.00 Filing Fee Cer	\$130.00 Filing Fee & tificate 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)
Reg Div P.C	uiling Address gistration Section vision of Corporations D. Box 6327 Jahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Southeastern Rugby League, L.L.C. (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
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:
13715 Richmond Park Drive North, #607 Jacksonville, Florida 32224	Jacksonville, Florida 32224
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Andrew J. Slover	Spinior of agent are.
Name	
	ress (P.O. Box NOT acceptable)
Jacksonville City, State, as	EL 32224
Having been named as registered agent and to a 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 the obligations of my position as registered.	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent of provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

The name and address of each Manag	ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Daryl Howland 13047 Bentwaker Dr SACKERN, 116, FL 32246
MGRM	Andrew J. Slover 13715 Richmond Park Drive North, #607 Jacksonville, Florida 32224
<u> </u>	
(Use attachment if necessary)	-
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	
(In accordance with sec	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury terein are true.)
Andrew J. Slover	
Ty	ped or printed name of signee

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

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)