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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

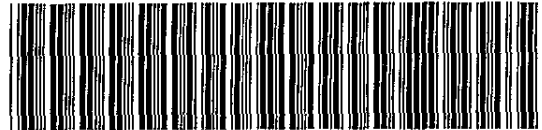
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Certified Copies _____

Certificates of Status _____

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HANSON LAW OFFICE
2501 N. ORIENT ROAD
SUITE A
TAMPA, FLORIDA 33619
813-626-7304
813-620-0361 Fax

Michael A. Hanson, Esquire
Kenneth G. Wing, Esquire

March 27, 2006

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

RE American Invitational Youth Football Championships, LLC

Gentlemen:

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to my office.


For further information concerning this matter, please call:

Michael A. Hanson, Esquire
(813) 626-7304

Enclosed is a check for the following amount: X \$155.00 Filing Fee & Certified Copy.

Please return the certified copy to my office.

Very truly yours,


Michael A. Hanson, Esquire

Enclosures.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

American Invitational Youth Football Championships, 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:

2501 North Orient Road, Suite A

Tampa, Florida 33619

Mailing Address:

P.O. Box 16098

Tampa, Florida 33687

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:

Michael A. Hanson, Esquire

Name

2591 North Orient Road, Suite A

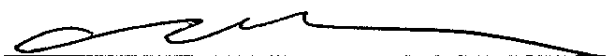
Florida street address (P.O. Box **NOT** acceptable)

Tampa

FL 33619

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)

(CONTINUED)

Page 1 of 2

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

Name and Address:

MGRM

Ken Wing

P.O. Box 16098

Tampa, Florida 33687

MGRM

John Walters

P.O. Box 16098

Tampa, Florida 33687

MGRM

Ernest Matthews

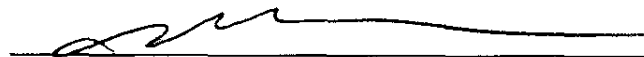
P.O. Box 16098

Tampa, Florida 33687

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Michael A. Hanson, Esquire

Typed or printed name of signer

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)