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FEORIDA/FOREIGN LIMITED LIABILITY CO

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## ARTICLES OF ORGANIZATION OF Anthony Becht Football Camp, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Anthony Becht Football Camp, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 19239 N. Dale Mabry Hwy., Suite 401, Lutz, Florida 33548.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Anthony Becht, 19239 N. Dale Mabry Hwy., Suite 401, Lutz, Florida 33548. Located in the County of Hillsborough.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Anthony Becht, 19239 N. Dale Mabry Hwy., Suite 401, Lutz, Florida 33548

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

FAX AUDIT # 164000902993

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## FAX AUDIT # HOLOOCO902993

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Anthony Becht Football Camp, LLC

The name and address of the registered agent and office is Anthony Becht, 19239 N. Dale Mabry Hwy., Suite 401, Lutz, Florida 33548. Located in the County of Hillsborough.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature

Anthony Becht

Date: 4/3/06

JOSEPH T MAHER
MY COMMISSION & DD475816
EXTRES: Sept. 26, 2009
(407) 248-0135 South Holey Senton norm

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