

LO6000UG9741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

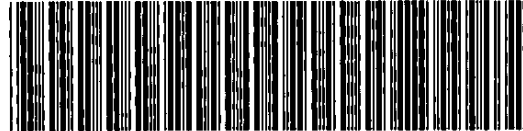
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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FILED

2006 JUL 13 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06 JUL 13 PM 2:35  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



**CORPORATION SERVICE COMPANY™**

1201 Hays Street  
Tallahassee, FL 32301  
850-521-1000  
850-521-1010(fax)

**FILED**  
2006 JUL 13 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Account Number: 072100000032

Client Account Number: \_\_\_\_\_

Cost Limit: 125.00

Authorization: \_\_\_\_\_

Contact: Doreen Wallace

**Corporation Name(s) & Document number(s)**

1) Zero Control Sportz LLC

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

☒ Stamped Copy      ☐ Certified Copy

**Type of Filings:**

<u>New Filings</u>	<u>Amendment</u>	<u>Qualification</u>
<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Profit
<input type="checkbox"/> NFP	<input type="checkbox"/> COA	<input type="checkbox"/> NFP
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> LLC
<input type="checkbox"/> LTD	<input type="checkbox"/> Merger	<input type="checkbox"/> LTD

**Other:**

☐ Annual Report      ☐ Fictitious Name      ☐ Reinstatement

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Zero Control Sports 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:

475 South Ave.  
Beacon, NY 12508

Mailing Address:

475 South Ave.  
Beacon, NY 12508

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:

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32301  
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..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**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

Carlos A. Clark  
475 South Ave.  
Beacon, NY 12508

MGRM

Gregory Mance  
475 South Ave.  
Beacon, NY 12508

MGRM

Joseph Mancini  
475 South Ave.  
Beacon, NY 12508

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

Carlos A. Clark  
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.)

Carlos A. Clark  
Typed or printed name of signee

**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)