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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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ORIDA/FOREIGN LIMITED LIABILITY CO

ELITE BASEBALL, LLC

Certificate of Status	0
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Corporate Filing Menu-

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8/31/2006

ECFS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
ELITE BASEBALL, LLC		
(Must end with the words "Limited Linbility Company	"Limited Company" or their abbreviation "LLC,"	ar "L.C.,")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	•
1000 PONCE DE LEON BLVD	1000 PONCE DE LEON BLVD	
SUITE: 101	SUITE: 101	
CORAL GABLES, FL 33134	CORAL GABLES, FL 33134	
ARTICLE III - Registered Agent, Registered Agent, Registre Limited Liability Company curron serve us its own business entity with an active Florida registration.) The name and the Florida street address of JONA	m Registered Agent. You must designate an individ	OG AUG 31 SECRETARY TALLAHASSE
1000 PONCE	DE LEON BLVD. #101	TH9 3 0
Florida si	reet address (P.O. Box NOT acceptable)	110: 20 STATE FLORID
CORAL GABLES	FL 33134	
City,	State, and Zip	Pri □

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.

> (CONTINUED) Page 1 of 2

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<u>Title:</u> "MGR" = N "MGRM" =	fanager Managing Member	Name and Address:	
MGRM		JONATHAN RUIZ	
	····	1000 PONCE DE LEON BLVD. #101	
		CORAL GABLES, FL 33134	
			
			
			
			
	ment if necessary)		· .
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CLE V: Effe effective date 0 days after t	ctive date, if other than to is listed, the date must the date of filing.) D SIGNATURE: Signature of a facility of this document consistent the facts stated in	to be specific and cannot be more than five For an artificial representative of a member, setion 608.400(3), Planta Statemen, the execution (dutes an affirmation under the penalties of partury	OPTIONAL) OG AUG 31 AM 10: 2 SECRETARY OF STA TALLAHASSEE, FLOR